

My Father's House
508 Shroyer Rd.
Dayton, OH 45419

CHILD'S PERSONAL HISTORY

Child's Name _____ Nickname _____
Date of Birth _____ Place of Birth _____

1. Child's Family:

Parent/Guardian _____
Parent/Guardian _____

Parents: Together _____ Apart _____

Child Lives with: _____

Siblings:

Name	Gender	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Development:

When child first learned to walk: _____

When child began to talk: _____

Is your child adopted? _____ Do they know? _____

Is your child fully potty trained (bladder & bowel)? Yes No

Does your child take naps? Yes No

Does your child have difficulty expressing wants or needs? Yes No

Does your child receive at least 8 hours of rest every night? Yes

No

Is it often difficult to understand your child's speech? Yes No

Are there any special needs or health issues we should know? Yes No

If yes, please explain:

<i>Do you have pets at home?</i>		<i>Yes</i>	<i>No</i>
<i>Does your child have experiences with animals outside the home?</i>		<i>Yes</i>	<i>No</i>
<i>Does your child have a favorite toy or game?</i>		<i>Yes</i>	<i>No</i>
<i>If so, what?</i>	_____		
<i>Does your child watch television?</i>		<i>Yes</i>	<i>No</i>
<i>If so, about how many hours per day</i>	<i>0-1</i>	<i>2-3</i>	<i>4-5</i> <i>6+</i>
<i>If so, what is your child's favorite show?</i>	_____		
<i>If so, what channel/station do they watch most?</i>	_____		
<i>Can your child read books?</i>		<i>Yes</i>	<i>No</i>
<i>Do you read aloud to your child?</i>		<i>Yes</i>	<i>No</i>
<i>How often do you read to your child each day?</i>	_____		
<i>What books does your child enjoy?</i>	_____		

5. Discipline

Do you consider your child to be:

Easy to manage

Difficult to manage

What concerns do you have about your child's behavior & environment?

How do you usually deal with inappropriate behavior at home?

What goals would you like to see your child achieve in the coming year?
