# CHILDHOOD HISTORY/INFORMATION FORM

***Social Background***

Does your child play with children from other families? YES NO

Does the child have other siblings in the family? YES NO
If yes, what are their ages? _____

Describe your child (circle all that apply): ACTIVE OUTGOING QUIET SHY PASSIVE
AGGRESSIVE INQUISITIVE

***Dietary Habits***

Describe your child's general attitude towards eating:
_ GOOD EATER _ PICKY EATER _ Likes to try new foods

What are your child's favorite foods?

_____

_____

What foods does your child dislike?

_____

_____

Is the entire family together for any meal time? YES NO

***Sleeping Patterns/Habits***

What is your child's normal nap schedule? _____

Does the child wet the bed? *YES NO* At nap time? *YES NO* At night? *YES NO*

Is your child able to take him/herself to the bathroom? YES NO

Does the child have regular bowel movements? YES NO

Can your child manage his/her clothing at the toilet? YES NO

***Language Development***

Does your child: _ Talk well _ Fairly Well _ Indistinctly _ Not at all

Does anyone read to your child? YES NO

How often? _____

Please give us any other information you think we should have about your child.

_____

_____

_____

_____

_____