INTAKE SHEET

I. Child's Identification Information

Name	Nickname:

Sex:	Birthdate	Name of school, if attending:

II. Family Information: Parents or Guardians

Name Address Place of Employment Work Phone

_____

_____

_____ Single _____Married _____Divorced _____Separated _____Foster Parent

Names and ages of other children in the home:

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

III. Emergency Contact

Name Address Place of Employment Work Phone

_____

_____

IV. Play and Sociability

- How does your child get along with other children? _____
  _____
- His/Her usual playmates are _____girls _____boys _____older _____younger
- What is the usual size of your child's neighborhood playgroup?
- Previous group experience other than school: _____Preschool _____Playgroup _____Sunday School
- _____Other (Specify) _____

V. Personality and Emotional Development

- Is your child affectionate? _____ To whom? _____
- Does she/he accept new people easily? _____ YES _____ NO
- What are your child's fears? _____
- Is your child usually happy? _____ YES _____ NO
- What nervous habits does your child have? _____

VI. Discipline

- When you find it necessary to discipline your child, which parent usually does this and how? _____

INTAKE SHEET

VII. Infants and Toddlers

- Has your baby had any feeding problems? _____ YES _____ NO
  If yes, please explain _____
- Have you noticed any allergies or sensitivities to particular foods? _____
- Is your baby: Breast fed? _____ Bottle fed? _____
- What food is your baby eating now?
  Fruits _____ Juices _____
  Vegetables _____ Meats _____
  Cereals _____ Milk (Formula) _____

- Sleep habits during the day: _____
- Does your child have a "fussy" time? When? _____
- How do you handle this "fussy" time? _____
- Do you have special ways of helping your baby go to sleep? If yes, how. _____
- Does your child use a pacifier or suck thumb/fingers? _____
- Has toilet training been attempted? Yes No What is used at home? _____
- Is baby's skin highly sensitive? Yes No What is used at home? _____

- How does you child relate to strangers?
- Is your child frightened by anything? _____

VIII. Other Information: Please list some of your child's favorite:

Snacks & Drinks: _____

Games: _____

Other Activities: _____

Give any other information you believe will be helpful to us in understanding your child. _____