



Aurora Public Schools
Pickens Kids Tech/William Smith Kids Tech
Health, Physical, and Social Functioning

Date: _____

Child's Name: _____ Gender: _____

D.O.B.: _____ Parent's Name: _____

What language(s) are spoken in the home? _____

Has your child been in group care before? _____ Where? _____

What are some of your child's interests? _____

Does your child have any security items? _____

What is your child's overall disposition (friendly, shy, withdrawn, compliant, strong-willed, etc.) _____

Sleeping:

Does your child have a regular bedtime? _____ Do they sleep through the night? _____

What time does your child wake? _____ Disposition upon awakening? _____

Feelings:

How does your child show the following emotions:

Afraid _____ Happy _____ Angry _____

Frustrated _____ Tired _____ Hungry _____

How is your child most easily settled/comforted? _____

Have there been any recent traumatic experiences your child has been exposed to (divorce, death, new sibling, etc.) _____

Discipline:

What forms of discipline are used most often in the child's home? _____

What do you feel is the most effective form of discipline for your child? _____

How do you reward, praise or encourage your child? _____

Health/Development:

Does your child have any speech, hearing or vision problems? _____

Has your child had any surgeries? _____

Has your child had any significant health concerns? _____

Does your child take medications regularly? _____

Are there any restrictions to play or activities? _____

Does your child eat with a spoon? _____ A fork? _____

What are your child's favorite foods? _____

What kind of foods does your child dislike? _____

Does your child have a special diet? _____ Please explain: _____

Is your child toilet trained? _____ At what age? _____

Can your child express that they need to go to the bathroom? _____

Are there any cultural holidays that you observe? _____

Are there any other comments or information or expectations that you would like to share? _____

