

Does your child have any dietary restrictions?

Yes _____ No _____ Specify _____

List any food or other allergies diagnosed by a Physician.

Emotional Status:

Is s/he happy in nature? _____ Does s/he stutter or stammer? _____

What usually causes tears? _____ How dealt with? _____

Does s/he have tantrums? _____ How dealt with? _____

Language:

Has he any speech impediment? _____ Does s/he stutter or stammer? _____

Does s/he have adequate vocabulary for age level? _____ Use baby talk? _____

Social Experiences:

With whom does s/he play? _____ Age of playmates? _____

What type of play is usually active? _____ Quiet? _____

Is s/he shy in new situations? _____ Aggressive? _____

Does s/he tend to lead or follow when playing with others? _____

Does s/he get along happily with others? _____

Needs: Please describe frankly any points in which the child needs help.

(Discipline, behavior of all kinds) _____
