



Please check any of the following that describe your child:

Gets along better with older children \_\_\_\_\_ Gets along better with younger children \_\_\_\_\_

Enjoys repeating a familiar task often \_\_\_\_\_ Enjoys watching others do tasks \_\_\_\_\_

Stays busy with self directed activities \_\_\_\_\_ Enjoys being challenged by difficult tasks \_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_

Check any of the following which your child shows sensitivity to or is distracted by:

1) Touch: Is your child bothered when his/her clothes or hands are wet or dirty? \_\_\_\_\_

2) Sound: Is your child bothered by loud noises (vacuum cleaner, shouting, loud music, etc.)? \_\_\_\_\_

How often is your child around other children his/her own age? \_\_\_\_\_

Who, besides yourself, is entrusted with the care of your child? \_\_\_\_\_

What is your child's reaction when exposed to groups (i.e. parties, crowded places, etc.)? \_\_\_\_\_

Is your child involved in any activities outside of school? Please explain: \_\_\_\_\_

Will your child be involved in the GMS extended care (CASA) program? \_\_\_\_\_

Where will your child spend non-school hours? \_\_\_\_\_

### Language Development

Named Objects \_\_\_\_\_ (months) Formed Sentences \_\_\_\_\_ (months)

Does your child speak: a lot \_\_\_\_\_ occasionally \_\_\_\_\_ rarely or never \_\_\_\_\_

Approximately how many words does your child use? \_\_\_\_\_

Can you easily understand your child's speech? Yes \_\_\_\_\_ No \_\_\_\_\_

Can other adults easily understand your child's speech? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any concerns about your child's speech or language development? \_\_\_\_\_

What is your child's primary language? \_\_\_\_\_

If not English, does your child understand English? Not at all \_\_\_\_\_ Some words \_\_\_\_\_ Understands very well \_\_\_\_\_

To communicate needs and wants, is your child most likely to use:

Gestures \_\_\_\_\_ Words \_\_\_\_\_ Phrases \_\_\_\_\_ Crying \_\_\_\_\_ Sign Language \_\_\_\_\_

### Parenting

Has your child ever been with a babysitter or in group care away from you? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe \_\_\_\_\_

How does he/she behave with siblings? \_\_\_\_\_

What do you find to be the most effective form of discipline for your child? \_\_\_\_\_

Please list any discipline issues your child may be experiencing: \_\_\_\_\_

How is the issue being handled? \_\_\_\_\_

How much screen time is your child exposed to (watching television, computer or hand held devices)? \_\_\_\_\_

How much time does your child spend outside? \_\_\_\_\_