



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 \_\_\_\_\_
- Follows two step directions to complete a task \_\_\_\_\_

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**

- Does your child form sentences using 3-5 words? \_\_\_\_\_
- Does your child speak: \_\_\_\_ a lot \_\_\_\_ occasionally \_\_\_\_ rarely or never
- 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 \_\_\_\_

**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? \_\_\_\_\_