



Additional Household Information

Child's Name _____ Grade _____

Names and birthdates of all brothers, sisters, and other children living in household:

Does child live with both parents? Yes ___ No ___

Explanation concerning custody (if applicable): _____

(Copy of documents required if legal custody situation exists)

Does your child have any preschool experience? No ___ Yes ___ If yes, how many years? _____

Name and Address of Preschool: _____

BEHAVIOR QUESTIONNAIRE

Are you concerned about your child in any of the following areas? *(Circle any that concern you.)*

- | | |
|--|---|
| 1. Bedwetting | 15. Feelings easily hurt |
| 2. Wetting during the day | 16. Wanting too much attention |
| 3. Bad dreams | 17. Wanting too much comfort or support from parent |
| 4. Restless sleep | 18. Contrary or stubborn |
| 5. Getting him/her to go to sleep at night | 19. Disobedient |
| 6. Any other sleeping problems? | 20. Lying |
| 7. Thumbsucking | 21. Punishment |
| 8. Stammering or stuttering | 22. Selfish in sharing |
| 9. Nervous habits of any kind | 23. Jealous of brothers and sisters |
| 10. High strung or easily upset | 24. Fights with other children |
| 11. Too restless | 25. Purposely destroys things |
| 12. Overly cautious or has special fears | 26. Feeding |
| 13. Shy | 27. Bowels |
| 14. Glum and sulky | 28. Other behavior not mentioned |

This information is needed to complete the health and office records on your child. Thank you for your cooperation in filling out this form.

Education of Parents (Years completed in each)

Father: Elementary _____ High School _____ College _____ Other _____
Mother: Elementary _____ High School _____ College _____ Other _____

Parent/Guardian Signature

Date