

## Student's Personal Information

Dear Parents, please be very thorough in completing this form to help us know and understand your child so that we can work together more constructively. This information is confidential and will be made available only to those working directly with your child.

Teacher's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Preferred phone number: \_\_\_\_\_

Previous school(s): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Hobbies/Talents that can be shared with the class: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Hobbies/Talents that can be shared with the class: \_\_\_\_\_

List names of family members who live at home. Please include ages of brothers and sisters. \_\_\_\_\_

Country of Origin: \_\_\_\_\_ Native Language: \_\_\_\_\_

Languages Spoken at Home: \_\_\_\_\_

Child speaks English: fluently ( ) somewhat ( ) poorly ( )

Religious Preference: \_\_\_\_\_ Name of church you attend: \_\_\_\_\_

Is there any deviation in family life? (Divorce, parent away for long periods, serious illness, etc.) \_\_\_\_\_

Is your child with a babysitter or other childcare on a regular basis? \_\_\_\_\_

Does your child participate in any other group activities such as Sunday School, sports, etc.? \_\_\_\_\_

Does your child play with children who are the same age, older, or younger? \_\_\_\_\_

How many hours a day does he/she watch T.V.? \_\_\_\_\_ Favorite Programs: \_\_\_\_\_

What are your child's favorite toys and activities? \_\_\_\_\_

Describe your child's disposition (sunny, serious, moody, sensitive, etc.) \_\_\_\_\_

Does he/she cry easily? \_\_\_\_\_ If so, how do you handle this? \_\_\_\_\_

*Form #1: DBP Student's Personal Information 2025-2026*

**Child's Name** \_\_\_\_\_

How do you handle discipline with your child? \_\_\_\_\_

Does your child get along well with play mates? \_\_\_\_\_

Does your child have any fears such as nighttime, monsters, sirens, etc.? \_\_\_\_\_

How many hours does he/she sleep at night? \_\_\_\_\_ Does he/she nap? \_\_\_\_\_

Are there any sleeping problems? \_\_\_\_\_ Does your child have a good appetite? \_\_\_\_\_

List all childhood diseases and/or serious illnesses your child has had \_\_\_\_\_

List any allergies \_\_\_\_\_

List any surgeries your child has had \_\_\_\_\_ Dates: \_\_\_\_\_

Are there any physical disabilities (sight, hearing, speech, motor, etc.)? \_\_\_\_\_

Does your child show a hand preference? \_\_\_\_\_ Right \_\_\_\_\_ or Left \_\_\_\_\_

What, if any, concerns or issues do you have for your child? Please explain (Discipline, attitude toward adults, association with other children, developing independence, speech, separation anxiety, etc.)

Has your child ever been referred to, evaluated by, or scheduled to be evaluated by any organization such as Babies Can't Wait, DeKalb County, Coralwood, Children's Healthcare, or any other private group? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain.

Has your child ever had Speech, Physical, or Occupational Therapy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain.

What are your goals for your child this school year?

Please feel free to discuss anything else that will help us better understand your child.