



CHILD SURVEY

Date: _____

Thank you for completing this survey. It helps us serve your child better.

Child's Name: _____

Birth Date: _____

PERSONAL HISTORY:

Parent(s) that live(s) outside the household _____

Any pets? _____ Name(s) _____ Type(s) _____

Has he/she had any other group experience? _____

How much time do you spend with your child daily? _____

What types of activities do you work on with your child? _____

What type of things does your child do well? _____

What are your child's special interests? _____

What are your child's dislikes? _____

Outside activities (i.e., dance, sports) _____

Is he/she a good climber? _____ Does he/she fall easily? _____

Age he/she began talking _____ Does he/she speak in words? _____ Sentences? _____

Does he/she have any difficulty speaking? _____

Other language(s) spoken in home: _____

HEALTH HISTORY:

What arrangements, if any, can you make for care during illness? _____

What communicable diseases has he/she had? Measles _____ Mumps _____

Chicken Pox _____ Whooping Cough _____ Other _____

Has he/she ever had any serious illnesses or hospitalization? _____

Hospital preferred _____

Any physical disabilities? _____

Any known allergies? _____

How many colds has your child had this past year? _____

How does your child react to elevated temperature? _____

Any special instructions if the child becomes ill? _____

Are any medications given regularly? _____

SLEEPING HABITS:

What time does your child go to bed? _____ Awaken? _____

Does he/she have his/her own room? _____ Own bed? _____

What does he/she usually take to bed with him/her? _____

Does he/she take naps? _____ From when _____ to _____

What is his/her mood upon waking? _____

EATING HABITS:

Is your child usually hungry at meal times? _____ Between meals? _____

What are his/her favorite foods? _____

What foods are refused? _____

What eating problems does the child have? _____

Any food allergies? _____

Does your child use eating utensils? _____

TOILET HABITS:

Can the child be relied upon to indicate his/her bathroom needs? _____

What word is used for urination? _____ Bowel movements? _____

Does your child need to go to the bathroom more frequently than normal for his/her age? _____

Is he/she afraid of the bathroom? _____ Does your child need help? _____

SOCIAL RELATIONSHIPS:

Has your child been cared for by a babysitter other than a family member for an evening? _____

By nature is he/she friendly? _____ Aggressive? _____ Shy? _____ Withdrawn? _____

How does he/she get along with brothers and sisters? _____

Other adults? _____

Does your child prefer to play with children his/her own age? _____

Does he/she know any other children at R.H.C.S.? _____

Does your child like to be alone? _____

Does your child demand a lot of adult attention? _____

How does your child show feelings? _____

What do you find is the best way of handling your child? _____

Who does most of the discipline? _____

What are your child's fears? _____

What are your child's favorite toys or activities at home? _____

Does your child like to be read to? _____ Listen to music? _____

Does your child like to play outdoors? _____

Has your child had experience with: Clay? _____ Scissors? _____ Easel? _____

_____ Blocks? _____ Finger Painting? _____ Water Play? _____ Other _____

What type of physical activities does your child enjoy? _____

Does your child attend Sunday School or Church? _____

Name of Church: _____

_____ Check here if you would like information on community resources such as health, nutrition, legal and counseling services.