All About Me: Child Intake Form

This form is to be completed by the child's parent/guardian. It must be updated annually and placed in the child's portfolio. (¥DAP) Child's Name (and any nicknames they go by) 2. Does your child have SIBLINGS? If yes, what are their names? Does your child wear DIAPER, PULL-UPS, or UNDIES? (please circle all that apply) 3. What's your child's favorite COLOR? 4. 5. What's your child's favorite FOOD? What are your child's FRIENDS' names? 6. Do you have a PET? If yes, what kind of animal are they and what's their name? 7. What's your child's favorite BOOK, TV SHOW, MOVIE, or CHARACTER? 8. What primary LANGUAGE do you use at home? 9. What is your child's RACE/ETHNICITY? (\pmap) 10. American Indian or Alaska Native Asian or Asian American Black or African American Hispanic or Latino/a White or Caucasian Multiracial or Biracial □ Other _____ What are some GOALS that you would like us to work on with your child? (please check all that apply) (\(\frac{4}{2}\)DAP) 11. □ Sign language (infants) comments: □ Potty training (over 18 months) comments: _____ □ Writing name (preschooler) comments: Math skills (school-ager) comments: Social skills (any age) comments: _____ Behavior issues (any age) comments: Other Other _____ 12. List some of your FAMILY VALUES. (¥DAP) What are some special things you would like to share with us about your CULTURE? (\pm DAP) 13. Food Language Culture For special holidays, who can we make gifts for? (please check all that apply) 14. Faith/ Customs Mom Dad Rituals Grandma (mom's mom) Grandpa (mom's dad) Grandma (dad's mom) Grandpa (dad's dad) Other _____ Parent/Guardian Signature_ Date: _____