![C:\Users\CCCC\AppData\Local\Microsoft\Windows\Temporary Internet Files\Low\Content.IE5\6T687968\cccc_logo[1].jpg]()

**SCHOOL AGE CHILD DATA INFORMATION**

|  |  |  |
| --- | --- | --- |
| Child’s Name:      | D.O.B:   /  /     | Today’s Date:   /  /     |

**Dietary & Medical Information**

|  |
| --- |
| Please list any allergies and\or dietary restrictions your child has:      |
| Does your child require an Epi-Pen to treat a reaction to any allergies?  |
| Is your child on regular medication? If so please list.      |
| **Please list some of your child’s dietary likes and dislikes:** |
| Likes:      |
| Dislikes:      |

**Toilet Habits**

|  |
| --- |
| If accidents occur how frequently & what time of day do they usually happen?      |
| Do you have any concerns about your child’s toileting habits? If yes please describe:      |

**Developmental History**

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| --- |
| Were there any pregnancy or birth difficulties with this child? If yes, please describe      |
| Do you have any concerns with your child’s development:      |
| Did\Does your child receive support services (OT, PT, Speech\language). If so please describe.      |

**Miscellaneous Information**

|  |
| --- |
| How does your child relate to strangers?      |
| Please describe any particular habits, fears, or mannerisms your child displays.      |
| Does your child have words\nicknames for things and\or caregivers we might not be able to understand or figure out?       |
| **What are your Child’s Favorite…..** |
| Toys | Books | People | School Subjects |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Family Information**

|  |
| --- |
| Who does your child live with? (Please include people in the household, living arrangements and custody agreements. If the child alternates between households, please explain)      |
| Have there been any difficulties or crises in your family such as divorce, death, legal issues or medical problems that may have emotionally affected your child? If yes, please describe:      |

|  |
| --- |
| Please include any other information you would like us to know about your child:      |