



Please fill out this form to help us get to know you & your child. Please be sure these forms are updated as soon as any change occurs.

Child's Name: _____ Birthdate: _____

1. What name/nickname do you wish us to use at RCN? _____

2. What language is spoken at home? _____

3. Do you have any concerns about any area of your child's development (socio-emotional, behavioral concerns)? If yes, please describe. _____

4. a. Have your child received a developmental evaluation? Yes No When? _____

b. Your child is currently being evaluated? Yes No

If applicable, please provide any information you would like us to know

5. Is your child toilet trained? From what age? Are there any special words your child uses for the bathroom? Yes No Age: _____ Yes No _____

6. What is your child's general temperament? (Check all that apply)

- Shy Active Easy-going Rolemodel Irritated Disengaged Avoidant of peers or adults
- Outgoing Happy Flexible Helpful Quiet Fearful Other: _____

7. How would your child show if they are angry, frustrated, anxious or worried? _____

7a. What is the best way to support your child when this happens? _____

8. How would you describe your child's communication abilities? (Check all that apply)

- Difficulty understanding language Does not respond when spoken to
- Difficulty following directions Does not use gestures, eye contact or facial expressions
- Needs directions repeated a few times Overall speech is difficult to understand
- Able to follow directions after the first time Mispronounces speech sounds (e.g. "r" is pronounced as "w")
- Uses no words Able to express wants and needs
- Uses very few words Talkative
- Repeats or prolongs parts of words when speaking Other (please specify): _____
- Able to be understood

Please provide us with examples or concerns

Child's Name: _____ Birthdate: _____

9. Does your child display emotional fears or difficulties when interacting with others? Yes No

If yes, please provide some examples/scenarios when this is most common: _____

10. Has your child ever displayed these behaviors? (Check all that apply)*

- Hitting Screaming Spitting Scratching Crying fits Inappropriate language Throwing objects
 Biting Tantrums Kicking Yelling Meltdowns Verbally aggressive Physically aggressive
 Elopement (runs away) Other: _____

*If you checked any of the boxes above, please check all of the triggers that apply when seeing those behaviors

- Frustration Unable to express themselves Unable to communicate At random Is told "no"
 A sibling and/or student takes a toy away Unknown

11. How do you respond when your child exhibits any behavior mentioned above? _____

11. What activities does your child enjoy? What is your child favorite book, toy and/ or song? _____

12. What strategies can we use to best support you and your child during the transition, including, separating from you at "drop off?" _____

13. Has your child ever been in any type of group care? Yes No When/Where? _____

13a. If yes, was it a center- base child care center or family child care? _____

13b. If yes, but the child no longer attends, what was the reason for leaving? _____

14. Do you provide us consent to contact centers for additional information? Yes No

15. Does your child receive any other services or support (counselor, service coordinator)? _____

15. Does your child take a nap? Yes No How Long? _____

16. What skills and values would you like RCN to reinforce? _____

Child's Name: _____ Birthdate: _____

17. Do you expect any major changes over the next year (birth, move, job): Yes No

Detail: _____

18. Have there been any significant changes in the past year? Yes No

Detail: _____

19. What holidays does your family celebrate? _____

20. Is there anything else you feel is important for us to know about your child? Yes No

Parent/Guardian's Signature

Date