



Rochester Childfirst Network

SERVING CHILDREN SINCE 1857

SCHOOL-AGE

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 is your child's general temperament (Are they shy, fearful, flexible, etc.)? _____

2. Is your child mature for their chronological age? Yes No

3. Did your child attend other school age program? Yes No

4. Does your child display emotional fears, concerning behaviors, or difficulties in interacting with others?
 Yes No

5. Is your child frightened by animals, loud noises, new experiences? Yes No

Detail: _____

6. How do you comfort your child? _____

7. What works best when you discipline your child? _____

8. Is your child reading at, below or above grade level? _____

9. How would you describe your child's ability to complete school tasks? _____

10. What is your child favorite book, song or game? _____

11. Does your child need extra time/preparation to change from one activity to another? _____

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

13. Do you expect any major changes over the next year (births, moves, job changes, etc.)? Yes No

Detail: _____

14. What holidays does your family celebrate? _____

15. Is there anything else you feel we should know to deal more effectively with your child? Yes No

Parent/Guardian's Signature

Date