Date ____________________                                   Child’s Birthdate ________________

Child’s Name ___________________________________   Age ____________________

Mother’s Name _______________________Father’s Name ________________________

**Your Child’s Behavior**

Tell us about your child. How do you see his/her strengths or weaknesses?
How do you see his/her personality?

Tell us about your child’s motor skills:

Language development:

Reaction to stressful situations:

Explain your child’s dressing skills:

Explain your child’s sleeping patterns:

What is your approach to discipline at this time?

If your child is not potty-trained, what steps have been taken thus far?