



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Child's Full Name:

Child's School:

Grade:

Please answer the following questions to help us get to know your child.

1. Is your child potty trained? Yes No

2. Can your child tell an adult that he/she needs to use the restroom?

3. Can your child redress on his/her own if needed? Yes No
4. Does your child take medication? Yes No
5. Does your child have allergies? Yes No

Please Explain:

6. Does your child have sibling? Yes No

of Sisters: # of Brothers:

7. What are your child's favorite activities?

8. Is there anything specific we should know about your child (ie: achievements, traumatic events, routines, etc)?

9. Would you like to set up a "Getting to Know You" meeting? Yes No