

Child's Name: _____



1. Describe your pregnancy?

2. Describe the birth of your child.

3. At what age was your child able to a) sit, b) crawl, c) walk?

4. At what age was your child potty trained?

5. At what age did your child start kindergarten/crèche/playschool?

6. At what age did your child start school?

7. Which school/s did your child attend?

8. Did your child have problems starting/attending school? If yes, please explain what the problems were.

9. Which grade is your child currently in?

10. What problem/s is your child currently experiencing at school?

11. How would you describe your relationship with your child?

12. With whom does your child live? (Please name the entire family)

13. Describe the relationship between the other members of the family and your child.

Are there any problems?

14. Please list your child's medical history. (e.g. operations, allergies, illnesses, medication etc)

15. How would you describe your child as a: a) baby, b) toddler, and c) now?

16. Does your child make friends easily? If not, what seems to be the problem?

17. How does your child sleep?

18. Is there any other important information for us to know about your child?
