



PROFILE SHEET

Date: _____

School Year: _____

Child's Name: _____ Age: _____ D.O.B.: _____

Mother's Name _____

Father's Name _____

Developmental History

Accidents: _____

Illness: _____

Allergies: _____

Is your child on any medication

Yes

No

Speech problems

Yes

No

Hearing problems

Yes

No

Child's health

Good

Fair

Poor

Any physical problems: _____

Chronic problems: _____

Dietary history (sensitive to any foods): _____

School History

What other program has your child attended: _____
