



Child Health Care Information

What language does your child mainly speak in the classroom?

- | | |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> French |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other |

Is your child adopted? Yes No

Was the adoption Domestic, or International

Does your child have any speech defect, such as stuttering, stammering, or lisping.

At what age did your child first begin to speak?

Words _____/_____
Year Month Phrases _____/_____
Year Month Sentences _____/_____
Year Month

Do you have any concerns about your child's speech or language? Yes No
If yes, please state: _____

Health Information:

How often does your child eat breakfast? every day some days
 rarely never weekends

Do you consider your child to be: overweight underweight
 About the right weight?

(please check one)

Is your child able to take part in the usual kinds of activities done by most children their age? Yes No

Is your child limited in the kind or amount of activities that most children can do, because of impairment or a health problem? Yes No

Does your child need to attend a special school or Special classes because of any impairment or health problem? Yes No

How long ago was the impairment or health problem first noticed? _____/_____
Year Month

Thank you for your patience in filling out all of these forms!
Please contact the child's teacher at the beginning of the school year if you want to provide any other information that was not included on this form.



Has your child ever been diagnosed with: (please check all that apply)

- rheumatic fever heart disease convulsions cerebral palsy
 mental retardation muscle weakness or paralysis Chronic ear infection
 asthma chronic bronchitis allergies

During the past 12 months, how often did your child complain of headaches? Would you say: rarely sometimes frequently or always?

During the past 12 months, how often did your child complain of stomach aches? Would you say: rarely sometimes frequently or always?

How many episodes of colds or flu did the child have in the past 12 months? _____

Does your child usually cough on most days for 3 consecutive months or more during the year?

How many infections (such as colds, flu diarrhea, vomiting, pneumonia, ear infections) has your child had in the past four weeks? _____

Vision & Hearing:

Does your child use eyeglasses? (including glasses that just magnify) Yes No

Does your child have trouble seeing with one eye even when wearing glasses or contacts? Yes No

Does your child have trouble seeing with both eyes even when wearing glasses or contacts? Yes No

When was the last time your child had his/her vision tested? ____ month _____ year

How many times has your child had an ear infection or earache? _____ number of times

Did the doctor ever treat an ear infection or earache the child had by placing tubes in his/her ears? Yes No

Has your child ever had trouble hearing with one ear? (do not include problems which lasted just a short period of time such as during a cold.) Yes No

Has your child ever had trouble hearing with both ears? (do not include problems which lasted just a short period of time such as during a cold.) Yes No

Does your child have trouble hearing with one ear? Yes No

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Does your child have trouble hearing with both ears? Yes No
How long ago did your child last have his/her hearing tested? _____ month _____ year

Lead Poisoning:

Has your child ever been tested for lead poisoning? Yes No
Were you told the level was high? Yes No

Health care Access:

About how long has it been since your child last saw a medical doctor or other health professional or a health person? _____ months _____ years
Please state reason for the visit: _____

Social & Behavioral Development:

About how many hours did your child watch TV yesterday? _____

About how many good friends does your child have? _____

When it comes to meeting new children and making friends, is your child
 Somewhat shy and slow to make a new friend
 About average willingness to make a new friend, or
 Very outgoing making new friends quickly

Does your child become upset by changes in routine? Yes No

How does your child deal with family stress such as illness or separation? Well Not Well

Does your child demand much individual adult attention? Yes No

Does your child accept discipline and limits? Yes No

Is there any other information that would help us understand your child? _____

For entering Kindergarten children -- Has your child attended a pre-school? Yes No

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