

Westmoreland Children's Center Background Information Sheet

Child's Name: \_\_\_\_\_

Who are the other members of your family?

\_\_\_\_\_

Have there been many changes in your child's family?	<u>Yes</u>	<u>No</u>
Birth of a sibling? Date: _____	_____	_____
Pregnancy? Expected date of birth? _____	_____	_____
Divorce/Separation? Date: _____	_____	_____
Recent death of a relative or friend? Date: _____	_____	_____
Change in residency? Date: _____	_____	_____
Parent returning to work or changing jobs? Date: _____	_____	_____
Any changes you feel noteworthy?	_____	_____

\_\_\_\_\_

What language(s) is spoken in your child's home? \_\_\_\_\_

Is your child afraid of anything (dark, storms, animals, etc.)?

\_\_\_\_\_

How does your child express anger and frustration?

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_