

WELLSPRING SCHOOL CHILD HISTORY for the Grades

This information informs the class teacher and is not used for admissions screening. Your responses will be kept confidential unless otherwise required by law or emergency. Questions are optional but background information is very helpful and will be used in assisting us to protect and guide your child, and to plan a curriculum that suits his/her needs. This form, the application form, records from previous schools and your child's immunization form or waiver, must be submitted prior to acceptance.

Child's Name _____ Birthday _____

Mother's Name _____

Father's Name _____

1. Describe your child's birth.
2. Describe you child (personality, likes and dislikes, relationships with other children and adults, interests, daily rhythms, etc.)
3. List any serious illnesses, accidents or operations (with dates).
4. Has he/she experienced any extended absence or death of a loved one, separation or divorce? Describe traumatic experiences your child may have had.
5. Does your child have any reoccurring fears or dreams? What kinds of things make your child fearful or nervous?
6. Does your child have any difficulties with vision, hearing, speaking? Has your child ever been tested for hearing/speech?

7. Does your child have or has he/she been tested for any learning disabilities? What is currently being done to address these problems?

8. Describe your child's personal habits; sleep habits.

9. How does your child play? What are his/her favorite activities? Does he/she play well alone? Does he/she enjoy the outdoors?

10. Does your child read for pleasure? List some recent readings.

11. Does your child have special diet requirements or known food allergies?

12. To what extent is your child exposed to media? (TV, videos, computer, radio, etc.)

13. Does your child have any special needs and/or talents that should be considered?

14. Please add anything else you would like to share about your child.