



**About Your Child**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

1. What foods does your child especially like? \_\_\_\_\_

2. Especially dislike? \_\_\_\_\_

3. Favorite toys, games, activities? \_\_\_\_\_

4. Does your child have any fears? \_\_\_\_\_

5. When your child is upset, what helps to comfort him/her? \_\_\_\_\_

\_\_\_\_\_

6. Any disorders/developmental (slow, advanced) diagnosed or suspected? \_\_\_\_\_

\_\_\_\_\_

7. What holidays or traditions does your family celebrate? \_\_\_\_\_

\_\_\_\_\_

8. Expectations of Barre City Kids \_\_\_\_\_

\_\_\_\_\_