

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

## PERSONAL HISTORY

### Names and ages of siblings.

| Name | Sex | Age | Current school |
|------|-----|-----|----------------|
|------|-----|-----|----------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

### Child's previous experience in peer group situations. (Ex. Sunday School, Mother's Day Out, Preschool, Gymboree, etc.)

| Name of Group | # Days per week | Dates |
|---------------|-----------------|-------|
|---------------|-----------------|-------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

### Significant events in child's life (premature birth, medical trauma, frightening experience, etc.)

|       |
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| _____ |
| _____ |
| _____ |