



The Catholic School Region of Manhattan
d/b/a Our Lady Queen of Martyrs School
71 Arden Street

New York, New York 10040-1101

Telephone -212-567-3190 Fax 212-304-8587

web - www.olqmnyc.org blog - www.olqmnyc.blogspot.com

PreK and Kindergarten Family Data

Child's Name _____

Date of Birth _____ Age _____

Sex: Male Female

Who is completing this form? ___Mother ___Father

Other (please explain) _____

Mother's Name _____ Age _____

Education (circle one) High School College Graduate School

Lives with child ___ Yes ___ No ___ Deceased

Father's Name _____ Age _____

Education (circle one) High School College Graduate School

Lives with child ___ Yes ___ No ___ Deceased

Other Family Information

Marital Status of Parents _____

If parents are separated or divorced how old was child when the separation occurred? _____

With whom has the child lived for most of the past year?

___ Mother ___ Father ___ Both ___ Guardian

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Principal*



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Other Family Information

List all other persons living in household

Name

Relationship to Child

Age

Primary Language Spoken at Home _____

Other Languages Spoken at Home _____

Medical History – Birth

Were there any significant problems during pregnancy? ___ Yes ___ No
If yes, please explain

Was your child more than 3 weeks premature? ___ Yes ___ No

If yes, how many weeks premature? _____

Child's birth weight _____

Did the child stay in the hospital longer than the mother? ___ Yes ___ No
If yes, please explain

At the time of birth, did the child...
have seizures? ___ Yes ___ No
turn blue? ___ Yes ___ No

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Medical History – Child's Health Since Birth (Eyes)

Has your child ever had trouble seeing? Yes No

Does your child hold books and objects close to his or her face? Yes No

Have your child's eyes ever looked crossed? Yes No

Have you ever suspected that your child has vision problems? Yes No

If yes, please explain:

Medical History – Child's Health Since Birth (Ears)

Has your child had frequent ear infections? Yes No

Has your child ever had trouble hearing? Yes No

Have you ever suspected that your child has hearing problems? Yes No

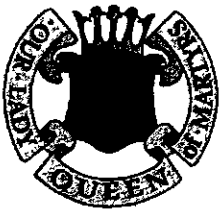
If yes, please explain:

Medical History – Child's Health Since Birth (Coordination)

Has your child ever had trouble walking, climbing, reaching, holding on to things? Yes No

If yes, please explain:

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Medical History – Child's Health Since Birth

Has your child ever had any significant injuries or hospitalizations?

Yes No

If yes, please explain

Does your child have allergies?

Yes No

If yes, please explain

Is your child presently on any medications?

Yes No

If yes, please explain and list all medications taken on a daily or consistent basis.

Please describe any other health concerns:

Yes No

Social, Emotional, and Self-Help Skills

Can your child...

feed him or herself using a spoon and/or a fork?

Yes No

wash and dry his or her own hands?

Yes No

help with dressing or dress with little assistance?

Yes No

stay with a babysitter?

Yes No

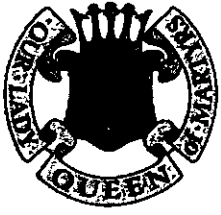
speak so that he or she can be understood by others?

Yes No

express his or her thoughts and needs easily?

Yes No

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Social and Behavioral Checklist

Place a check mark next to any behavior or problem that your child currently exhibits.

- has difficulty with speech
 - has difficulty with hearing
 - has difficulty with language
 - has difficulty with vision
 - prefers to be alone
 - does not get along well with brother and sisters
 - is aggressive
 - is shy or timid
 - is more interested in things (objects) than people
 - engages in behavior that could be dangerous to self or others
-

has special fears, habits, or mannerisms (describe)

- wets bed
 - bites nails
 - sucks thumb
 - had frequent tantrums
 - has frequent nightmares
 - has trouble sleeping (describe)
-

- rocks back and forth
 - bangs head
 - holds breath
 - eats poorly
 - is stubborn
 - has poor bowel control (soils self)
 - is much too active
 - is clumsy
 - has blank spells
 - is impulsive
 - shows daredevil behavior
 - is slow to learn
 - gives up easily
 - other concerns
-

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Child's Development

Do you have any concerns about your child's
appetite or willingness to try different foods?
If yes, please explain:

Yes No

Do you have any concerns about your child's
sleeping patterns (going to bed with difficulty
or waking often during the night)?
If yes, please explain:

Yes No

Is your child... highly active?
very quiet?

Yes No
 Yes No

Is your child... toilet trained during the day?
in need of help with toileting?

Yes No
 Yes No

Does your child...
play with blocks, boxes, cups, or other construction
toys without help?
use crayons and/or markers to scribble to draw?
listen to stories being read?
turn pages of a book and look at pictures?
recall stories or events?
enjoy playing alone or with imaginary friends?
talk with friends/relatives who come to visit?
follow simple, age appropriate directions?

Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No

What are your child's favorite activities?

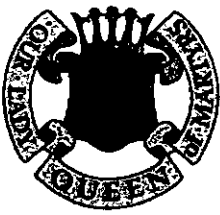
1. _____
2. _____
3. _____

4. _____
5. _____
6. _____

Does your child have opportunities to play with
other children?

Yes No

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Child's Development

How many hours a day does your child spend watching TV? _____

Does he sit very close to the TV? ___Yes ___No
Does he turn up the volume very high? ___Yes ___No

Disciplinary Techniques

What disciplinary techniques do you usually use when your child behaves inappropriately? Place a check next to each technique that you usually use.

- | | |
|--|---|
| <input type="checkbox"/> ignore problem behavior | <input type="checkbox"/> take away activity or food |
| <input type="checkbox"/> scold child | <input type="checkbox"/> other technique (describe) |
| <input type="checkbox"/> spank child | _____ |
| <input type="checkbox"/> threaten child | <input type="checkbox"/> don't use any technique |
| <input type="checkbox"/> reason with child | |
| <input type="checkbox"/> redirect child's interest | |
| <input type="checkbox"/> tell child to sit on chair | |
| <input type="checkbox"/> send child to his or her room | |

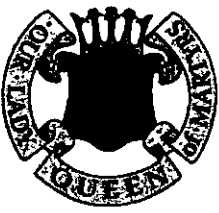
What disciplinary techniques are usually effective?

With what type of problem(s)?

What disciplinary techniques are usually ineffective?

What have you found to be the most satisfactory ways of helping your child?

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Disciplinary Techniques

Has anyone suggested that your child might need special education or early intervention?
 No Yes

Is your child receiving special education support? Yes No

If yes, what type?

Are there any other things you would like to tell us about your child?

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