Personal History 2023-24

Information provided on this form is kept in confidence by
BJBE Early Childhood Program at the Chava Center staff and used to support your child at school.

Today's Date:_____________

Child's Name _____________________________________ Birth Date _____/_____/_____

Parent's Name (s) ____

Other children living in the home (Please give names and birth dates):
Name____ Birth Date ____/____/____
Name____ Birth Date ____/____/____
Name____ Birth Date ____/____/____

Other adults living in the home or providing regular child care:
Name____ Relationship____________
Child's name for this person:_______________________
Name ____ Relationship____________
Child's name for this person:_______________________

Is another language spoken in your home? Yes _____ No _____ If so, which language(s)?
____

Does your child have any allergies? Yes* _____ No _____
Please list ____
*if yes**, allergy awareness form must be completed and signed**

Does your child receive therapeutic services?

Speech Therapy	Yes _____	No _____	Used to _____	
Occupational Therapy	Yes _____	No _____	Used to _____	
Physical Therapy	Yes _____	No _____	Used to _____	
Other Therapy	Yes _____	No _____	Used to _____	Please specify:__________________

Please share the goal(s) of the services provided: ____
____

Does your child have any physical factors that staff should know? Yes __________ No _________
If yes, please describe ____

Please turn over and complete side 2

Personal History, p. 2

Does your child use the toilet? Bladder: Yes _____ No _____ Bowel: Yes _____ No_____
What term does your child use for urination? _________________ Defecation? _________________
Does your child need help with toileting? Yes _____ No _____

Does your child have irregular sleep patterns? Yes _____ No _____
Does your child have irregular eating patterns? Yes _____ No _____
If yes, please describe ____

Is this your child's first pre-school experience? Yes _____ No _____ If no, please share the previous experience, how many days per week, how many hours, and your child's reaction:
____
____

Please describe previous separations from you experienced by your child: _____________________
____
____

Does your child play with other children? Often _____ Occasionally _____ Never _____

How do you and your child spend time together?
____
____

What goals do you have for your child in early childhood?
____
____

Please share transitions in your family as these may impact your child. Has your family recently experienced any of the following? * Feel free to use additional paper as necessary
Moving ________________ New Job ________________ Loss of Pet ________________
New baby expected? _____ If so, when? _____________________________________
Serious illness ___________________________ Death _____________________________

Is there information about your child that the early childhood staff should know (developmental concerns, adoption, medical intervention, etc.)? If so, please elaborate:____
____
____