

CHILD FACT SHEET

805 W. Park Street

Urbana, IL 61801

Child's Full Name (including middle) _____ / _____
Nickname

Form Completed By: _____

Family interests and hobbies: _____

Facts about your child:

What are some of your child's likes? _____

What are some of your child's dislikes? _____

Are there some things that can generally make your child mad or sad? _____

What helps calm your child when he/she is upset? _____

Are there any situations that may be difficult for your child? _____

Please list any additional concerns/behaviors specific to your child that the teacher/therapist should know about: _____

Please list any special goals or areas of focus for your child this year: _____

