

Child Fact Sheet

805 West Park Street
Urbana, IL 61801

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

Form Completed By: _____

Family: Please list all persons living in the household(s) with the student. Please provide ages of other children in the home:

Name	Nickname	Relationship	Sex	Age

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: _____
