

PERSONAL RECORD

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Child's Name: _____ Date of Birth: _____
Nickname: _____

Status of Child's Parents: Married _____ Divorced _____ Separated _____ Other _____
If you are divorced or separated, please state custody arrangements: _____

Does child see natural parent? _____ How often _____

Child's Brother/Sister: _____
Name and Age

Name and Age

Name and Age

List pets and their names: _____

Does your child have any security items such as a blanket or a favorite toy?
Describe: _____

Does your child take a nap? Yes _____ No _____ When and for how long? _____

Is your child toilet trained? Yes _____ No _____ In process _____
What does your child say when wishing to use the toilet? _____

Does your child choose his/her own clothes to wear? Yes _____ No _____
Does your child need help in: Dressing _____ Undressing _____

List any problems including illness or accidents which affect your child in participation in normal school activities and/or adjustment to school: _____

Does your religion place any limitations on what your child may eat or participate in? If yes, please explain: _____

Describe your child's previous school experiences (school name): _____

Has your child been cared for by anyone other than parents? _____

Is your child enrolled in any special classes (dance, art, etc.): _____

What type of programs does your child watch on T.V.? _____

Approximately how many hours a day does your child watch T.V.? _____

Describe discipline procedures used by parents? Which is most effective and why? _____

Describe your child's favorite games and play experiences: _____

What are you most interested in seeing the school develop in your child? _____

PARENT OR GUARDIAN _____ DATE _____