



Blawenburg Village School

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Child Information Questionnaire

This questionnaire is confidential and will be read only by BVS staff members. Its purpose is to help us gain the broadest possible understanding of your child so that we can meet his/her individual needs in an enlightened way. We are sensitive to the fact that some information is personal in nature. Please feel free to use your personal discretion to supply us only with the information you feel comfortable giving.

Child's Name: _____

Nickname: _____

Birth date: _____

EARLY LIFE HISTORY

Was the birth of your child characterized by any unusual circumstances (e.g. prematurity, delivery complications, and illness during the first months) if so, please describe briefly?

At approximately what age did he/she begin to use words? _____ sentences? _____

Are you aware of any speech difficulties?

Is any language other than English spoken in the home, and if so, what language?

At approximately what age did he/she begin to walk?

In your child's lifetime, have there been any incidences of severe illness, hospitalization, surgery, death of a family member? If so, would you please tell us how he/she was prepared? Who stayed with the child if parents were absent? Were there any subsequent reactions?

Was your child ever hospitalized, if so, for how long? Did a parent stay with the child? What was his/her reaction?

Is your child receiving or have they ever received any outside services (i.e. speech, occupational or physical therapy)?

Is there any history of health problems you would like us to know about?

How does your child get along with other siblings?

Is the family expecting a new baby, if so when?

Who usually stays with your child in the parents' absence and how does your child usually react?

Is there a pet(s) in the home? If so, what kind and what is (are) the names?

How does each parent feel regarding discipline? What methods are usually used at home?

Are you members of a church or other worshipping community?

Name and location

Does your family attend Sunday school and/or worship service regularly?

Would you be interested in visiting and/or learning about membership in the Blawenburg Reformed Church?

CHARACTERISTICS

What type of play does your child enjoy most?

How much time each day does your child spend watching TV?

Does your child sleep through the night?

Bedtime_____ Rising time_____ Naptime (if any) _____

How does your child get along with other children? Is he/she cooperative, dominant, passive, able to share, more interested in solitary play?

Does your child have fears of the dark, animals, noise, new situations, bodily injury, or other things? Please describe and tell us how you handle them.

FAMILY LIFE

Please list all household members who reside in your home (parents, siblings, relatives, domestics, etc.)

Name	Relationship	Age
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Are there any siblings who do not reside in the home?

If your child does not live with both parents, please explain the circumstances and visiting arrangements.

What are Mom's and Dad's occupations?

Please feel free to use additional space to give us any information which you think will help us know your child better.