

**About My Child**

Child's name: \_\_\_\_\_ Parent filling out form: \_\_\_\_\_

List the area(s) where your child experiences the greatest success:

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List the area(s) where your child experiences the greatest difficulties:

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What is your child's ability to respond to social cues?

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What type of child does your child enjoy playing with and what do they do?

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How does s/he manage transitions?

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Describe your child's frustration tolerance? What situations lead to frustration? What helps your child to regain control/calm down?

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Does your child follow rules? What occurs when s/he does not comply?

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*PLEASE CONTINUE ON THE REVERSE SIDE*

Describe your relationship with your child.

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What are the areas that you would like us to focus on when working with your child?

- 1.
- 2.
- 3.