About My Child

Child's name: _____Parent filling out form: _____

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

_____
_____
_____

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

_____
_____
_____

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

_____
_____
_____

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

_____
_____
_____

How do they manage transitions?

_____
_____
_____

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

_____
_____
_____
_____

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

_____
_____
_____
_____

PLEASE CONTINUE ON THE REVERSE SIDE

Describe your relationship with your child.

_____
_____
_____

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

1.

2.

3.