

CLASS 4 -7 CHILD BIOGRAPHY



Dear Parent/s or Caregiver/s

This form is designed to help us gain a fuller picture of your child. The information will be retained in confidence. It shall be used only for the primary purpose intended and for any secondary purposes only in so far as to assist with care and education-related matters.

A. PERSONAL DETAILS

Child's Name: _____

Gender: M / F (circle)

Date of birth: _____

Parents Names: _____

Siblings names and ages:

B. CHILD'S FAMILY LIFE

2. Pregnancy and Birth

a) Did the birth go according to your plan? _____

b) Was your pregnancy full-term or pre-term? _____

3. Milestones: At what age did your child achieve the following?

a) First teeth _____

c) Walking _____

b) Crawling (was this hands and knees)? _____

d) Saying some words _____

C. CHILD'S FAMILY LIFE

4. What recreational activities does the family enjoy together?

5. Does your family observe any cultural or spiritual practices that we should be aware of?

6. Have there been challenging situations/experiences the family has had, which have affected your child? (eg house moves, separations, bereavements, new baby, accidents etc.)

7. Bedtime

a) What time is usual for bedtime?

- b) Does your child
- a. fall asleep easily?
 - b. does your child sleep soundly through the night?
 - c. wake to use the toilet during the night?

8. Mealtimes:

a) When does the family usually eat together?

b) Does your child have any food allergies/intolerances?

c) Is your child on a restricted diet? If the answer is yes, could you supply some more information about this?

9. Health and Wellbeing:

a) Describe your child's general health and wellbeing: (Any reoccurring illnesses, regular medical treatment or medication)

b) Has your child been admitted to hospital? If yes, what were the circumstances?

c) Have you needed to seek advice or treatment from a paediatrician, or child psychologist? If yes, what was the nature of the concerns?

d) If your child has been ill and still shows signs of illness such as a runny nose and a cough but after 24 hours is keen to return to school and seems full of energy would you send them to school?

e) How would you describe your child's behaviour at home, most of the time?

f) How do you manage oppositional behaviour from your child? What strategies do you use?

Eg., Food refusal, bedtime avoidance, clothing refusal

g) Does your child separate from you comfortably when left in the care of others?

10. Technology:

Information regarding the effects of media on the young child is available in the Parent Library.

Would you be interested in reading 'Why Be Screen Free?' by Kate Hammond? With this in mind, we will discuss this further at the interview.

a) What do you think about the value of electronic programs, games and devices?

b) Does your child watch TV/DVD's at home?

c) Under what circumstances would your child watch a DVD, TV show or go to the cinema?

- How often: daily/weekends and for how long?

- What are the limits you put in place with regard to TV watching?

d) Does your child use a computer, iPad, iPod, mobile phone or play games using any electronic media technology?

- How often: daily/weekends and for how long?

- What are the limits you put in place with the use of electronic media?

- Do you have an understanding of the latest research on the impacts of technology on children?

11. Play:

a) How would you describe your child's ability to concentrate on a particular activity? Please give an example of an activity they enjoy and for how long they might be absorbed in this?

b) What other activities offer the most interest and enjoyment for your child?

c) What sort of toys does your child have at home?

d) Does your child engage in any after school activities?

e) Does your child play a musical instrument?

f) When playing with children of the same age, how would you describe his/her most common role?

Eg., As a leader? Follower? Passive? Assertive?

g) Does your child encounter difficulties playing with other children?

h) How would you describe your child's personality? Shy? Quiet? Calm? Active? Exuberant?
