

# Kindergarten – Class 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) Were you well during your pregnancy? \_\_\_\_\_

b) Did the birth go according to your plan? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. **Postnatal time:**

a) How long was she/he breastfed? or \_\_\_\_\_

How long did she/he have a bottle? \_\_\_\_\_

b) What was her/his sleeping pattern like as a baby? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 4. **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 \_\_\_\_\_

e) Is your child independent using the toilet? \_\_\_\_\_

**C. CHILD'S FAMILY LIFE**

5. What recreational activities does the family enjoy together?

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

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

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**8. Bedtime:**

a) What time is usual for bedtime?

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- b) Does your child
- a. sleep in their own bed? 

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  - b. fall asleep easily? 

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  - c. does your child sleep soundly through the night? 

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  - d. does your child wear a night nappy? 

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  - e. wake to use the toilet during the night? 

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  - f. Wet the bed? 

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**9. Mealtimes:**

a) When does the family usually eat together?

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

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

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**10. Health and Wellbeing:**

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

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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) When playing with children of the same age, how would you describe his/her most common role?  
Eg.. As a leader? Follower? Passive? Assertive?

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

g) How do you manage oppositional behaviour from your child? What strategies do you use?  
Eg. Food refusal, bedtime avoidance, clothing refusal

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

**11. Technology:**

***Information regarding the effects of media on the young child has been provided in the Parent Handbook. 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?

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

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

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

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

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**12. 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?

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

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

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d) Does your child attend any after-school activities?

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**13. Care:**

a) Is your child regularly in the care of another person? In another home? Has your child attended a Family Day Care home? Do you have in-home care?

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b) Has your child attended a childcare centre or preschool? If so, please provide details of where? year? days/week?

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c) Has your child had any form of Early Intervention support while attending preschool or childcare?

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