Deeper Dive Form

Tell us more about your child.

Child's name _____

Please list any ways your child may self sooth (Ex. Suck thumb, twirl hair, etc....).

What do you notice to be your child's strengths?

What do you notice to be your child's weaknesses?

Do you feel your child has had a good balance of social interaction with children around their age?

Do you have a bedtime routine/schedule with your child? If so please share.

Does your child nap at home? If so, please describe the set up and process.
(Ex. Sleeps in crib with minimal light and noise machine.)

Do you have concerns that your child may need an IEP (Individualized Education Program)? If so, please explain.

Does your child show signs of food aversions? Please detail issues.

Is your child attached to a certain toy, doll, or blanket?

Is your child familiar with any sign language as a form of communication?

Has your child ever experienced a significant trauma, either physical or emotional, that could lead to emotional responses in the classroom? (Ex could be death of a parent, serious accident, house fire, ...)

How is correction or discipline handled at home?

What is your family's favorite pastime together?

Is your family involved in extracurricular activities during the year? (Ex. Football, baseball, cheer)

What is the primary language spoken in the home?

Feel free to use the remaining space to share any information you would like about your child.