



GETTING TO KNOW YOU

Child's Name _____ Cardinal Place Site _____

Household

Please list the people who live within your household and what their relationship is to your child.

Name _____ Name _____ Name _____
Relationship _____ Relationship _____ Relationship _____

Name _____ Name _____ Name _____
Relationship _____ Relationship _____ Relationship _____

(if needed, list additional people on the back side of this form)

Learning/Social/Developmental Conditions

Is your child seeing a: (please check) Therapist Counselor Psychologist

If yes, for what reason: _____

Does your child have difficulties with: Aggression Y N Threatening Behaviors Y N

Does your child have emotional outbursts? Y N

Does your child display behavioral problems in school? Y N

If yes, please describe: _____

Does your child have an Individual Education Plan (IEP)? Y N

Is your child receiving any services through Special Education? Y N If yes, what services?

Please indicate if your child has been diagnosed with any of the following: (please check all that apply)

ADD ADHD Anxiety Autism/Aspergers Bipolar Downs Syndrome Depression
 Eating Disorder EBD OCD ODD Tourettes Other _____

Special Interests

If your child has any activity restrictions, please specify: _____

Please list your child's hobbies and sports: _____

Is there any other information you would like to share about your child? _____

Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____

Initial: _____ Initial: _____ Initial: _____ Initial: _____ Initial: _____ Initial: _____