

# Expressions

## At George School

### **Child History Form 2010**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Siblings (Please list other family siblings)

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

◆What type of educational setting does your child attend?

- Regular Ed/Inclusion                       Special Ed (part of day)                       Special Ed (full day)  
 Non-Public Special Ed School                       Private School                       Home School  
 One-to-one aide

◆Does your child have any specific diagnoses?     Yes     No

If Yes, please list each diagnosis, when the child was diagnosed and by whom.

DX \_\_\_\_\_ Age \_\_\_\_\_ By Whom \_\_\_\_\_

DX \_\_\_\_\_ Age \_\_\_\_\_ By Whom \_\_\_\_\_

DX \_\_\_\_\_ Age \_\_\_\_\_ By Whom \_\_\_\_\_

◆Is your child on any medication?     Yes                       No

If YES, please list them:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

◆Does your child have any allergies?     Yes                       No

Food Allergies: \_\_\_\_\_

Environmental Allergies: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

If YES, to any allergies, when was the last reaction and please describe the event and treatment.

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◆Is your child on any restrictive diets (e.g. dairy free, wheat free, sugar free)?    Yes            No

**◆Help Us Know Your Child◆**

- ◆What are your child's preferred interests?
- ◆What activities does your child not like to engage in?
- ◆Does your child have any special talents?
- ◆What would you describe as your child's social strengths?
- ◆Does your child have any fears that may impact participation?

**Please check all of the following behaviors that apply to your child:**

- |  |  |   |
|--|--|---|
| <input type="radio"/> Easily Distracted  | <input type="radio"/> Hyperactive            | <input type="radio"/> Gets stuck on a particular topic        |
| <input type="radio"/> Obsessive  | <input type="radio"/> Gets easily frustrated | <input type="radio"/> Insists on having his/her own way       |
| <input type="radio"/> Angers easily  | <input type="radio"/> Can not compromise     | <input type="radio"/> Has a tendency to wander off            |
| <input type="radio"/> Has low self esteem  | <input type="radio"/> Bullies others         | <input type="radio"/> Teased by others                        |
| <input type="radio"/> Remains isolative in group or social settings  |  | <input type="radio"/> Prefers to play with younger children   |
| <input type="radio"/> Wants to make friends but doesn't know how   |  | <input type="radio"/> Has difficulty maintaining conversation |
| <input type="radio"/> Has difficulty with change/transition  |  | <input type="radio"/> Prefers adult company to that of peers  |
| <input type="radio"/> Wants to please  |  | <input type="radio"/> Has appropriate sense of humor          |
| <input type="radio"/> Interest in fire, weapons, violent themes  |  | <input type="radio"/> Prefers video games to social play      |
| <input type="radio"/> Has shown aggressive behaviors, such as throwing things, hitting, spitting, kicking or biting others |  |   |
| <input type="radio"/> Becomes oppositional when told to do something he/she doesn't want to do                             |  |   |

If you have any other information that would be helpful to us, or that you would like us to know, please feel free to add your comments:

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Please return completed form to  
**Camp Concepts**  
**Expressions e/o Stephanie DeSouza**  
**1272 Knox Drive**  
**Yardley, PA 19067**

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