



**Mandala Children's House**  
 5038 Hyland Ave • San Jose, CA 95127 • (408) 251-8633

# Tell Us About Your Child

*Over the course of a year, many changes can happen in a child's life. Please take a moment to update us about your child and tell us about any significant changes that have occurred. This will help us to be sensitive to your child's needs. All information will be treated confidentially.*

Child's Name _____	Age _____	Birth date _____
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**FAMILY**

Who currently lives in your child's family?

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is this a change from last year?  Yes  No Please explain: \_\_\_\_\_

Is there anything you would like us to be particularly sensitive to with regards to your child's family? \_\_\_\_\_

**HEALTH**

Has your child had any significant health concerns in the last year? \_\_\_\_\_

List any treatments or medications: \_\_\_\_\_

**GROWTH**

Where have you seen the most growth in your child in the last year? \_\_\_\_\_

One word that best describes my child at this age is...  _____	What time do you <i>most</i> enjoy with your child? _____  What is your child's favorite activity? _____
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**DEVELOPMENT**

Do have any concerns about your child's development in any of these areas?

Behavior (i.e.: Bowel/bladder control? Food/sleep issues? Self control/tantrums?) \_\_\_\_\_

Language \_\_\_\_\_

Social \_\_\_\_\_

Cognitive /Intellectual \_\_\_\_\_

Sensory/Motor \_\_\_\_\_

Emotional \_\_\_\_\_

**SUPPORT SERVICES**

Has your child had a developmental or diagnostic assessment? \_\_\_\_\_

Is your child receiving any special services? Speech Therapy Occupational Therapy  Behavior Therapy Other \_\_\_\_\_

Please explain: \_\_\_\_\_

**ACTIVITIES**

What other outside activities does your child participate in during the week? (Ex: Classes, play groups, lessons, religious education, etc.)

\_\_\_\_\_

**LIFE CHANGES AND TRANSITIONS**

Have there been any life changes (i.e.: a birth, new home, job change, death, divorce, or unexpected crisis) in your family in the last year?

\_\_\_\_\_

\_\_\_\_\_

How has this event impacted your child child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENTING YOUR CHILD**

What are your parenting "challenges" at this stage with your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What works best with your child? \_\_\_\_\_

\_\_\_\_\_



**PARENT COMMENTS**

What are your goals for your child in preschool at Mandala this year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How can we support your child this year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like us to share with us about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*🌸 Thank you for taking the time to complete this form. We look forward to another good year with your child! 🌸*

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_