

What is your child's favorite toy? _____

What play materials or equipment seem to hold his/her attention the longest? (both in and outdoor) _____

Is your child particularly interested in books? _____

What subjects/activities does he/she ask about? _____

What are his/her special interests? _____

Approximately how much TV does he/she watch per day? _____

Approximately how much time does your child spend on screens/phones/tablets/etc? _____

About how much time each day does your child spend alone? _____

With other children? _____ Ages of playmates: _____

Is he/she more comfortable with adults or children? _____

What is your family's approach to discipline? _____

Does your child understand limits/rules? _____

Do you feel you have discipline difficulties with your child? _____

How do you try to handle or avoid them? _____

How well does your child adjust to new routines? _____

How well does your child transition? _____

Are you aware of any fears or anxieties your child has? If so, can you share them with us? _____

Are there any habits your child needs help overcoming? _____

Does your child have any sensory issues? _____

Do you have reason to suspect a hearing loss? _____