



The Cartwright School

1314 Turtle Creek Drive, Missouri City, Texas 77489

Email: tcschool1647@gmail.com Phone/Fax: (281) 437-6300 / 6301

URL: www.thecartwrightschool.com

Child Assessment Form

Purpose:

These questions provide The Cartwright School with vital information to deliver the best, most appropriate care for each student. This confidential material will only be shared with your child's teacher and management. Completing this assessment can help start and build mutual trust and respect that will develop into a strong, cooperative partnership between parents and the school.

Child's Name (<i>First, Middle, Last</i>)	Date of Birth:	Enrollment Date:
Parent Telephone #:	Parent Email:	

1. Health

Does your child have any allergies? (<i>If it's a food allergy, please complete Allergy Action Plan</i>)	☐ Yes	☐ No
If so, what allergies does your child have?		
How should we respond if your child has an allergic reaction?		
Does your child have an existing illness or condition?	☐ Yes	☐ No
Has your child had a previous severe illness, injury, or hospitalization during the past 12 months?	☐ Yes	☐ No
Is your child taking any medication?	☐ Yes	☐ No
If so, does the medication need to be administered while the child is in care, and how is it administered? (<i>Please complete an Authorization for Dispensing Medication Form</i>)		
Is the medication prescribed for continuous use?	☐ Yes	☐ No
Are there any side effects we should be alerted to?	☐ Yes	☐ No

2. Toileting

Does your child need assistance with toileting?	☐ Yes	☐ No
How can we best help?		
Is your child "potty-training" or ready to begin toilet training?	☐ Yes	☐ No
What are your ideas about toilet training?		

3. Behavior

Does your child have any unique fears?	☐ Yes	☐ No
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Does your child communicate his/her needs?	☐ Yes	☐ No
Are there any unique words your child uses that may not be readily recognized?		
How do you tell your child to stop a behavior you do not approve of or may be dangerous or harmful?		
When your child gets upset, what helps him/her calm down?		
What is a good way to distract your child when he/she is having a temper tantrum?		
Are there any particular routines that are helpful at naptime?		
What position is most comfortable for your child when he/she is napping?		

4. Eating Preferences

Does your child have a food intolerance? (<i>Different than allergy or preference</i>)	☐ Yes	☐ No
If so, what food intolerance does your child have?		
Is your child a "picky" eater?	☐ Yes	☐ No
What does your child like to eat, or are his/her favorite foods?		
Are there any foods or drinks you would prefer your child not to have?		
Does your child need assistance eating, or can they feed themselves?		
Does your child eat with fingers or use utensils?		
Does your child choke easily while eating?	☐ Yes	☐ No

5. Activities

What activities do you like to do with your child?
What activities does your child like to do when playing with other children?
What activities does your child like to do when playing alone?



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6. Family History

Tell me about your family (*i.e., child's parents, siblings, grandparents, and other extended family*)

I verify the above assessment was discussed with the parents of: _____.

Signature of Director / Person in Charge

Date Signed

I verify that the director or person in charge appropriately relayed the information concerning my child's assessment to all personnel at The Cartwright School.

Signature of Parent

Date Signed

Additional Comments/Information: