

**Melrose Public Schools  
Pupil Personnel Services  
Child Find Information Form**

Child's full name: \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ (yrs/months)

Is this child a foster child? YES/NO

(Optional): Are parents: Married: \_\_\_\_\_ Divorced? \_\_\_\_\_ Separated? \_\_\_\_\_ Other: \_\_\_\_\_

Does child live with: Both parents? \_\_\_\_\_ Mom? \_\_\_\_\_ Dad? \_\_\_\_\_ Guardian? \_\_\_\_\_ Relative? \_\_\_\_\_

Father's name: \_\_\_\_\_ Father's Primary Language: \_\_\_\_\_

Cell number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business name/address: \_\_\_\_\_

Education completed: High School ( ) College ( ) College Plus ( )

Mother's name: \_\_\_\_\_ Mother's Primary Language: \_\_\_\_\_

Cell number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business name/address: \_\_\_\_\_

Education completed: High School ( ) College ( ) College Plus ( )

Other children in family:

| Name | Birthdate | Relationship | Grade/at home |
|------|-----------|--------------|---------------|
|      |           |              |               |
|      |           |              |               |
|      |           |              |               |

Is there any history of learning disabilities in family? Yes/No. If yes, please describe:  
\_\_\_\_\_

Do you have extended family in the area? YES/NO

**HEALTH INFORMATION**

Child's Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dr.'s Address: \_\_\_\_\_

Does child have any serious illness? \_\_\_\_\_ Had any serious accidents? \_\_\_\_\_

Had any long term hospitalizations? \_\_\_\_\_ Chronic Illness (i.e. ear infections): \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_ A hearing device? \_\_\_\_\_ Have physical limitations? \_\_\_\_\_

Allergies: \_\_\_\_\_ Nebulizer/Inhalant/Epi-Pen? \_\_\_\_\_

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Steady Medications: \_\_\_\_\_

Nebulizer/Inhalant/Epi-Pen? \_\_\_\_\_

DEVELOPMENTAL HISTORY

Birth Weight: \_\_\_\_\_ Any complications with pregnancy or birth? \_\_\_\_\_

Age when child first put words together: \_\_\_\_\_

Age at which child first crawled: \_\_\_\_\_ walked: \_\_\_\_\_

Age at which child acquired bowel control: \_\_\_\_\_ bladder control: \_\_\_\_\_

If your child has a toileting accident can they clean and change themselves? YES/NO

DESCRIPTION OF CHILD

Has this child ever attended Head Start or Even Start Program(s)? YES/NO

Has this child ever attended Early Intervention? YES/NO

Has your child ever attended a private preschool? YES/NO If yes, which one? \_\_\_\_\_

If your child received Early Intervention services, please indicate reason and dates of service: \_\_\_\_\_

Has this child been evaluated or serviced by any specialist either within or outside the Melrose Public Schools? YES/NO

If so, please explain the reason for evaluation and outcome of evaluation including if child received services: \_\_\_\_\_

Is your child currently receiving services from any specialists - i.e. speech, physical therapy, ect.? \_\_\_\_\_

Please list any concerns you have about your child's development (social, emotional, academic, physical) that you feel may impact them.

Does your child have play dates? YES/NO Special Friendships? YES/NO

Please briefly describe your child's play with other children including preferred age range and gender.

Does your child explore playground equipment comfortably? YES/NO

Comment?

Does your child approach other children and respond to other children's approaches? YES/NO  
Comment?

Tell us about your child's preferred play in general. Does your child use imaginative play, use a variety of toys, or prefer to play with one or two toys exclusively? What toys does your child prefer?

When your child is not in preschool/daycare, what does your child do? Who provides childcare?

Does your child feed him/herself? YES/NO

Does your child enjoy exploring textures like walking on wet sand or using play dough? YES/NO  
Comments?

How does your child make his/her needs known? Verbal/Non-verbal/Tantrum  
Comments?

If given a book upside down, will your child fix it to right side up? YES/NO  
Comments?

Can your child tell you about parts of a story recently read? YES/NO  
Comments?

Can your child follow 2-3 step directions without your help? YES/NO  
Comments?

What are your greatest discipline issues?

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