



**Admission Interview Form**

1. **Child's Full Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_

**2. Home Environment**

Parents marital status: Married\_\_ Separated\_\_ Divorced\_\_ Free Union\_\_ Widow/er\_\_ Single\_\_  
Other\_\_\_\_\_.

**Siblings:**

**Name, studies & age**

.....	Primary__	Secondary__	University__	No studying__
.....	Primary__	Secondary__	University__	No studying__
.....	Primary__	Secondary__	University__	No studying__
.....	Primary__	Secondary__	University__	No studying__

If the child has sibling(s), describe their child's relationship:

\_\_\_\_\_  
\_\_\_\_\_

Who are the primary caretakers: \_\_\_\_\_

Father's name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Father's education: Primary\_\_\_\_\_ High School\_\_\_\_\_ University\_\_\_\_\_

Mother's education: Primary\_\_\_\_\_ High School\_\_\_\_\_ University\_\_\_\_\_

Child's relationship with mother: \_\_\_\_\_

\_\_\_\_\_

Child's relationship with father: \_\_\_\_\_

\_\_\_\_\_

How many adults live in your child's primary household? Please indicate the relationship of these adults to the child:

\_\_\_\_\_

\_\_\_\_\_



What are the interactions like between the child and other adults in home? Include stepparents, grandparents, fiancés, other relatives: \_\_\_\_\_  
\_\_\_\_\_

How often is your child cared for by a person other than a parent? \_\_\_\_\_.

Describe your relationship with this caregiver: \_\_\_\_\_  
\_\_\_\_\_.

Does your child spend time by himself/herself? \_\_\_\_\_

In the child's family has there been any cases of:

Alcoholism \_\_\_ drugs \_\_\_ violence \_\_\_ Abuse \_\_\_ Other \_\_\_

Please describe: \_\_\_\_\_

**3. Educational History:**

Is this your child's first time at school? Please explain \_\_\_\_\_

What is your child's former school? \_\_\_\_\_

Why are you changing schools?  
\_\_\_\_\_

**4. Development Information:**

Was the pregnancy planned? Yes \_\_\_\_\_ NO \_\_\_\_\_.

Describe the pregnancy period: \_\_\_\_\_.

Describe the delivery:  
\_\_\_\_\_.

Breastfeeding? \_\_\_\_\_ . For how long? \_\_\_\_\_.



When did your child:

- Crawl: \_\_\_\_\_
- Walk: \_\_\_\_\_
- Become Toilet trained: \_\_\_\_\_
- Bottle fed until: \_\_\_\_\_
- Spoke first Word: \_\_\_\_\_
- Begin using phrases: \_\_\_\_\_
- Complete language use: \_\_\_\_\_

Wets the bed? \_\_\_\_\_

**5. Eating Habits and Nutrition:**

Describe your child's eating habits: \_\_\_\_\_  
\_\_\_\_\_.

Is your child allergic, diabetic, colicky? Please specify  
\_\_\_\_\_

Does the child:

Use pacifier: \_\_\_\_\_ thumb suck? \_\_\_\_\_

**6. Health**

Describe your child's motor skills: \_\_\_\_\_.

Describe your child's sleeping habits (naps, bedtime, nightmares, speaks while sleeping, shares bedroom):  
\_\_\_\_\_  
\_\_\_\_\_.

Have your child experienced an accident, convulsions, hospital? \_\_\_\_\_  
\_\_\_\_\_.

Is your child under medication? \_\_\_\_\_.

Uses eye glasses: \_\_\_\_\_ Uses hearing headset: \_\_\_\_\_.



Right or Left handed: \_\_\_\_\_.

**7. Adaptive Skills and Self-Expression**

Please indicate which of the following the child is able to do independently:

Use the toilet\_\_\_\_ Put on shoes\_\_\_\_ Bath/shower \_\_\_\_ Eat by themselves \_\_\_\_ Wash hands\_\_\_\_

Say please\_\_\_\_ Use silverware\_\_\_\_ wipe them self \_\_\_\_ Get dressed \_\_\_\_ Put toys away\_\_\_\_

What are your child's favorite activities both indoors and outdoors? \_\_\_\_\_

\_\_\_\_\_

Which discipline strategies are used at home? \_\_\_\_\_

\_\_\_\_\_

How does the child respond to rules/ limits? \_\_\_\_\_

\_\_\_\_\_

Who does the child obey the most: \_\_\_\_\_

\_\_\_\_\_

Is the child able to express her/him thoughts clearly? \_\_\_\_\_

\_\_\_\_\_

Does the child have outbursts and tantrums? \_\_\_\_\_.

How often: \_\_\_\_\_.

Does the child follow routines in the home? \_\_\_\_\_. Please describe: \_\_\_\_\_

\_\_\_\_\_.



**8. Social Development**

Does the child have extracurricular activities? \_\_\_\_\_

Does the child practice any Sports/ Art? \_\_\_\_\_

Does she/he watch tv? \_\_\_\_\_ How often? \_\_\_\_\_ What TV programs? \_\_\_\_\_

Uses computer? \_\_\_\_\_ Which apps? \_\_\_\_\_ . How often? \_\_\_\_\_

With whom does the child most prefer to play?

Alone \_\_\_\_\_ With one other child \_\_\_\_\_ In a group of children \_\_\_\_\_ With adults \_\_\_\_\_

Describe: \_\_\_\_\_ .

Has she/he asked about sex or about death? Please describe what the child have asked and your response to it:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the child family practice any religion/ Which one?

\_\_\_\_\_

Date: \_\_\_\_\_ .

Parent Signature: \_\_\_\_\_ .