

Plymouth/Canton Community Schools/Extended Day Program Family and Social History

Please complete the following questions. The few minutes taken to answer these questions will assist the staff in knowing your child and better serve their needs and interests. This information is **confidential**. Thank you for your cooperation!

Child's Name: _____ Date of Birth: _____

Does your child walk/ride the bus to/from school? _____

Mother's Name: _____ Father's Name: _____

Marital Status: _____ Married _____ Separated _____ Divorced (how long _____)

_____ Single Parent _____ Stepfather (how long _____) _____ Stepmother (how long _____)

If divorced, what are the custody/living arrangements? Please include an approximate schedule of which parent will pick up each day.

Siblings of Child (please include step siblings)

Name _____ Date of Birth _____ Grade _____

Name _____ Date of Birth _____ Grade _____

Name _____ Date of Birth _____ Grade _____

Name _____ Date of Birth _____ Grade _____

What language is most often spoken at home?

Who are other members of the household? (include relationship & age):

Who has cared for the child other than parents/guardians?

Does your child have any medical conditions, allergies, or other needs the staff should be aware of? If yes, please describe:

Has your child been diagnosed with special needs? Is he/she receiving services through the Special Services & Student Services Dept? If yes, please describe:

What are some interests/hobbies your child enjoys?

What methods of discipline have you found your child responds best to?

Are there any activities your child should not participate in? If yes, please explain:

Please share any cultural traditions that will enable us to better serve your child.