

CCNS Twos and Drop In Intake Form

Child's Name _____

Nickname (if any) _____

Parent's Name(s) _____

Siblings(name,age,gender) _____

Other adults living with the family _____

Other adults with whom your child spends a great deal of time _____

Do both parents live in the household? _____

Language(s) spoken at home _____

Have there been any recent changes at home (birth/adoption of sibling, move, job change, separation, death of a relative, hospitalization of child or family member)? _____

How has your child been dealing with these recent changes? _____

Is there anything about your child's eating and/or sleeping habits that we need to know? Any dietary restrictions? _____

If your child has started using the toilet, how are you supporting them in the toilet-training process? _____

Do you have any current concerns about your child's development? If yes, please explain; _____

Does your child have any specific fears (thunder, dark, animals, masks, etc.?)

What does your child prefer to play? What does your child talk about? _____

Does your child have any imaginary friends or comforting objects?

How many hours a day is your child in front of a screen (tv, computer, tablet, etc.)?

What are your child's most comfortable situations? _____

When is your child most cautious?

What holidays, rituals, celebrations and/or traditions are important to your family?

Is it easy for your child to say good-bye to you?

Is it easy for you to say good-bye to your child? _____

Is there anything else you would like us to know about your child?

This form was completed by:

Name _____ Date _____