

Child and Family Information Form

The following information is needed for the FIRST WORDS Project research and clinical reports. This information will remain confidential to the extent allowed by law, meaning that for research it will be coded by number and reported by groups to protect your identity.

Child's Name: _____ Age: _____ Sex: _____

Date of Birth: _____ County of Child's Birth: _____

Parent's Name: _____

Address: _____

Phone # Home: _____ Work: _____ Cell: _____

Sibling Information: (Names, ages)

Race of Mother: _____ Race of Father: _____

Regardless of race, is your child of Spanish origin? ____ Yes ____ No

Is your child exposed to a language other than English? ____ Yes ____ No

If yes, what language? _____

How many hours per day? _____ Since what age? _____

Mother's Date of Birth: _____ Mother's occupation: _____

Father's Date of Birth: _____ Father's occupation: _____

Number of Years of Education for Mother: _____ Number of Years of Education for Father: _____

(For example, 8 for middle school, 12 for high school, 14 for Associate's degree, 16 for Bachelor's degree, 17 or more for graduate school)

Describe any complications during pregnancy or your child's birth. _____

Describe any major or recurring health problems your child has had. _____

List any family members who have learning problems or developmental disorders and briefly explain. _____

Describe any concerns you have about your child's development. (Use back if needed)