



# Family Background

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

What are the most important aspects of your child's life that you want us to know about?  
(Please include family structure, culture and strong interest)

## DO YOU IDENTIFY WITH A PARTICULAR ETHNIC GROUP? PLEASE CHECK ALL THAT APPLY AND INDICATE COUNTRIES OF FAMILY'S ORIGIN.

- |  |  |
|--|--|
| <input type="checkbox"/> Asian American (countries)  | <input type="checkbox"/> Middle Eastern (countries)                      |
| <input type="checkbox"/> Black/ African American (countries)   | <input type="checkbox"/> Pacific Islander (countries)                    |
| <input type="checkbox"/> Caucasian/ European American (countries)  | <input type="checkbox"/> South Asian American (countries)                |
| <input type="checkbox"/> Latino/ Hispanic American (countries)   | <input type="checkbox"/> Native American (tribal affiliation - optional) |
| <input type="checkbox"/> International - People who do not hold American citizenship or who are not permanent residents of America (countries) | <input type="checkbox"/> Other (please specify) _____                    |
| <input type="checkbox"/> Multiracial American - People who identify with more than one ethnic race/ heritage (ethnicity/ countries)            | _____  |

## DO YOU IDENTIFY WITH A PARTICULAR RELIGIOUS GROUP? PLEASE CHECK ALL THAT APPLY.

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Christianity                        | <input type="checkbox"/> New Thought Movement         | <input type="checkbox"/> Buddhism     |
| <input type="checkbox"/> No religion                         | <input type="checkbox"/> Sikhism                      | <input type="checkbox"/> Hinduism     |
| <input type="checkbox"/> Judaism                             | <input type="checkbox"/> Islam                        | <input type="checkbox"/> Baha'I Faith |
| <input type="checkbox"/> Native American Religious Practices | <input type="checkbox"/> Other (please specify) _____ |                                       |

## LANGUAGES SPOKEN AT HOME: PLEASE CHECK ALL THAT APPLY

- |                                  |                                 |                                     |   |
|----------------------------------|---------------------------------|-------------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Portuguese                   |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> German | <input type="checkbox"/> Khmer      | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Hmong  | <input type="checkbox"/> Italian    |   |

## IS YOUR CHILD RECEIVING OR HAVE RECEIVED IN THE PAST ANY THERAPY FOR THE FOLLOWING ISSUES:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Hearing impairment          | <input type="checkbox"/> Neurological disorders     | <input type="checkbox"/> Learning disabilities                      |
| <input type="checkbox"/> Visual impairment           | <input type="checkbox"/> ADHD                       | <input type="checkbox"/> Maintenance care diseases                  |
| <input type="checkbox"/> Orthopedic handicaps        | <input type="checkbox"/> Down Syndrome              | <input type="checkbox"/> Mentally disabled/ developmentally delayed |
| <input type="checkbox"/> Behavioral                  | <input type="checkbox"/> Emotional Disturbance      | <input type="checkbox"/> Other (please specify) _____               |
| <input type="checkbox"/> Speech & Language disorders | <input type="checkbox"/> Autism, spectrum disorders |   |