

Babysitter's Name, Address, Phone #: _____

Please describe your housing arrangement and the reason for your housing arrangement.

Is your night- time residence:

Motel Hotel Camping ground Shared housing belonging to a non-family member
 Shelter Car Abandoned building None of the Above

Please list all persons currently living at the above address and note their relationship to the above student, such as parent/brother/sister (natural, step, adopted, foster) aunt/uncle, grandparent, friend

Full Name	Sex	Relationship to Student	Birthdate	Occupation or School	Grade Completed	Legal Guardian

Non-Custodial Parent Info (if applicable)

Name: _____ Phone: _____

Address: _____ Email: _____

Work Place: _____ Work Phone: _____

Has the child ever attended Pre-school, Nursery School, or Head Start? Yes _____ No _____

If yes, list program and age of attendance: _____

Has this student ever been in a special education program or been reviewed by CSE or CPSE? Yes _____ No _____

Has this student ever received:

Speech Therapy, Physical Therapy, or other special education services? Yes _____ No _____

If yes, please note when and where: _____

Is there any other information or special concerns you would like to share with us regarding this student?

We greatly appreciate you taking the time necessary to complete this history form.

Signature: _____ Date: _____

Relationship to student: _____