



**Student Profile – Elementary School**

**Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Filled out by:** \_\_\_\_\_

**1. Developmental**

Are there any particular desires or concerns for your child’s personal development here at SCLC? \_\_\_\_\_  
\_\_\_\_\_

What is most important to you for your after-school time? \_\_\_\_\_  
\_\_\_\_\_

**2. Health**

Known Allergies/Disabilities: \_\_\_\_\_  
\_\_\_\_\_

Known Medical Problem(s): \_\_\_\_\_  
\_\_\_\_\_

Current Medication(s): \_\_\_\_\_

Serious Illnesses/Hospitalizations: \_\_\_\_\_  
\_\_\_\_\_

**3. Snack Time**

Any Allergies/Difficulties: \_\_\_\_\_

\_\_\_\_\_

Likes/Dislikes: \_\_\_\_\_

\_\_\_\_\_

**4. Bathroom Routine**

Does your child have any concerns with using the bathroom? \_\_\_\_\_

\_\_\_\_\_

Does your child have accidents?     Yes     No

If yes, how does your child react and ways that we can be helpful?

\_\_\_\_\_

**5. Social Skills**

Please describe your child's temperament: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there is a difficulty, how do you help your child to work it out? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you discipline at home? \_\_\_\_\_

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**6. After-School Time**

Would you like your child to do homework or play outside when they get to SCLC? \_\_\_\_\_

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**7. Interests**

What are some of your child's favorite play activities? \_\_\_\_\_

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