STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division for Children, Youth and Families

Form 1643B
June 2020

GETTING TO KNOW ME

SCHOOL-AGED CHILD (4-10 YEARS OLD)

Please leave any questions that are unknown blank

IDENTIFYING INFORMATION

Child Name: ______________________ **Date of Birth:** ______________________

CHILD CARE

Does child attend childcare? ☐ Yes ☐ No If "Yes", please provide the name and address
Child Care Name: ______________________ Address: ______________________

LANGUAGE

Does the child understand what is said? ☐ Yes ☐ No Any speech challenges? ☐ Yes ☐ No
Does the child have special names for things? ☐ Yes ☐ No

EDUCATION & SCHOOL

SCHOOL PERFORMANCE:

BEHAVIORALLY	☐ Poor	☐ Fair	☐ Good	☐ Excellent
ACADEMICALLY	☐ Poor	☐ Fair	☐ Good	☐ Excellent

Educational Strengths and Needs: ______________________
Has the child ever been expelled or suspended? ☐ Yes ☐ No If "Yes", explain: ______________________
Does the child participate in structured community or school extracurricular groups, activities, or events?
☐ Yes ☐ No If "Yes", details: ______________________

Does the child:

Have friends at school?	☐ Yes	☐ No	Know how to read?	☐ Yes	☐ No
Like the teachers?	☐ Yes	☐ No	Know how to write?	☐ Yes	☐ No
Like school?	☐ Yes	☐ No	Stay after school often?	☐ Yes	☐ No
Resist going to school?	☐ Yes	☐ No	Sports/school activities?	☐ Yes	☐ No

RECREATION & LEISURE

What does the child do for amusement, recreation, or hobbies? ______________________
Has the child been to camp? ☐ Yes ☐ No If "Yes", where/when ______________________
Does the child have a favorite toy? ☐ Yes ☐ No If "Yes", describe: ______________________
Does the child have any fears? ☐ Yes ☐ No If "Yes", describe: ______________________

Does the child:	**NEVER**	**RARELY**	**SOMETIMES**	**VERY OFTEN**	**ALWAYS**
Draw or color?	☐	☐	☐	☐	☐
Like to play outside?	☐	☐	☐	☐	☐
Share toys?	☐	☐	☐	☐	☐
Ever play make-believe?	☐	☐	☐	☐	☐
Like sports and group play?	☐	☐	☐	☐	☐
Swim?	☐	☐	☐	☐	☐

Does the child watch television? ☐ Yes ☐ No If "Yes", how much? ______________________
What are the child's favorite T.V. shows? ______________________
What T.V. shows is the child not allowed to watch? ______________________

DIET & NUTRITION FOR CHILD

What times does the child usually eat? ____________ ____________ ____________ ____________ ____________

What are the child's favorite foods? ____

What food(s) does the child not like? ____

Does the child have any problems with eating *(refuses to eat or over eats)* ☐ Yes ☐ No

Does the child require a special diet? ☐ Yes ☐ No If "Yes" to either question, please specify:

____

SLEEP INFORMATION FOR CHILD

What is the child's usual bedtime? ____________ Usual wake time ____________ Naps? ☐ Yes ☐ No

Does the child:	NEVER	RARELY	SOMETIMES	VERY OFTEN	ALWAYS
Take a nap?	☐	☐	☐	☐	☐
Get ready for bed?	☐	☐	☐	☐	☐
Want a light on?	☐	☐	☐	☐	☐
Resist going to bed?	☐	☐	☐	☐	☐
Share a bedroom?	☐	☐	☐	☐	☐
Walk or talk while sleeping?	☐	☐	☐	☐	☐
Have nightmares?	☐	☐	☐	☐	☐
Take a toy to bed?	☐	☐	☐	☐	☐
Sleep through the night?	☐	☐	☐	☐	☐
Use the bathroom in the night?	☐	☐	☐	☐	☐
Wet or soil the bed?	☐	☐	☐	☐	☐
Have trouble waking?	☐	☐	☐	☐	☐

Does the child have a diagnosed sleep disorder? ☐ Yes ☐ No If "Yes", explain below:

____

Does the child:	NEVER	RARELY	SOMETIMES	VERY OFTEN	ALWAYS
Get dressed without help?	☐	☐	☐	☐	☐
Select own clothing?	☐	☐	☐	☐	☐
Need help in the bathroom?	☐	☐	☐	☐	☐
Brush own hair?	☐	☐	☐	☐	☐

STRENGTHS AND RESOURCES

	OFTEN	SOMETIMES	SELDOM		OFTEN	SOMETIMES	SELDOM
Benefits from structure	☐	☐	☐	Club or group involvement	☐	☐	☐
Creative	☐	☐	☐	Engaging personality	☐	☐	☐
Good self-control	☐	☐	☐	Healthy self-esteem	☐	☐	☐
Positive manners	☐	☐	☐	High self-esteem	☐	☐	☐
Responds to direction	☐	☐	☐	Positive peer relations	☐	☐	☐
Skill/interest in art	☐	☐	☐	Sense of humor	☐	☐	☐
Skill/interest in music	☐	☐	☐	Positive adult relationships	☐	☐	☐
Skill/interest in athletics	☐	☐	☐	Skill/interest in academics	☐	☐	☐

EMOTIONAL CONSIDERATIONS

What are the child's emotional considerations *(Please list out what makes the child laugh, cry, frustrated and/or afraid)*

____

____

Has the child seen or been exposed to any sexual acts? ☐ Yes ☐ No

BEHAVIORS *(Identify the child's observed behaviors that may result in harm or injury to self or others)*	NEVER	RARELY	SOMETIMES	VERY OFTEN	ALWAYS
Aggressive	☐	☐	☐	☐	☐
Rock or head bang	☐	☐	☐	☐	☐
Hold breath	☐	☐	☐	☐	☐
Bite others	☐	☐	☐	☐	☐
Destructive	☐	☐	☐	☐	☐
Tantrums	☐	☐	☐	☐	☐
Poor/low self-esteem	☐	☐	☐	☐	☐
Sadness or crying	☐	☐	☐	☐	☐
Sexual acting out	☐	☐	☐	☐	☐
Suicide threats	☐	☐	☐	☐	☐
Suicide attempts	☐	☐	☐	☐	☐
Self-injurious	☐	☐	☐	☐	☐
Assaultive	☐	☐	☐	☐	☐
Cruel to animals	☐	☐	☐	☐	☐
Fire setting	☐	☐	☐	☐	☐
Lying/accusatory	☐	☐	☐	☐	☐
Stealing	☐	☐	☐	☐	☐
Parentified	☐	☐	☐	☐	☐
Running away	☐	☐	☐	☐	☐
Other: ______________	☐	☐	☐	☐	☐

Details and Comments: ____

____

DOES THE CHILD KNOW ABOUT:

	No Knowledge	Some Knowledge	Knowledgeable	Unknown	Comments/Explanation
Menses	☐	☐	☐	☐	______________
Intercourse	☐	☐	☐	☐	______________
Sexuality	☐	☐	☐	☐	______________
Birth	☐	☐	☐	☐	______________
STD	☐	☐	☐	☐	______________
Family Planning	☐	☐	☐	☐	______________

CHILDHOOD DISEASE HISTORY *(Check all that apply)*

☐ Respiratory Diseases
☐ Ear/Nose/Throat Conditions
☐ Neurological Diseases
☐ Developmental Delays
☐ Infectious Disease (Mumps, Chicken pox)
☐ Other *(please specify)* ______________

DRUG EXPOSURE: ☐ Yes ☐ No If "Yes", check all that apply

☐ Alcohol	☐ Amphetamines	☐ Benzodiazepines
☐ Cocaine	☐ Ecstasy	☐ LSD
☐ Marijuana	☐ Methamphetamine	☐ Non-Prescribed Prescription Drugs
☐ Opiates	☐ Steroids	☐ Other *(Specify)*: ______________

This form was completed by *(Please Print)*: ______________ Relationship: ______________

This form was completed on *(Date)*: ______________

This information is authorized to be shared with Community-Based Service Providers and/or Placement Providers for the purposes of case planning and in order to maintain safety, permanency, and well-being for the child.

Signature of Parent/Guardian	Date
Signature of Parent/Guardian	Date