**DIET**

Does your child follow any special diet? ………………………………………………………………………………………………………

What kinds of food does your child prefer? ………………………………………………………………………………………………………

Least preferred? …………………………………………………………………………………………………………………………………………

Does your child have breakfast? …… If so, what? ………………………………………………………………………………………………………

Does your child have meals with the family? ………………………………………………………………………………………………………

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**PLAY & LEISURE**

What pets, if any, does your child have? ………………………………………………………………………………………………………

Does your child like to play alone? …… What does he/she do? ………………………………………………………………………………………………………

What activities does your family do together that your child enjoys? ………………………………………………………………………………………………………

Does your child like to play in the earth (ie in the dirt/mud) or is the play of a more mechanical nature (eg, tinkering with mechanical objects, etc.)

What other activities does your child like to do? (eg, swimming, social or physical activities.)

Does your child watch television or videos? …… How often? ………………………………………………………………………………………………………

For how long? ………….. What programs? ……………………………………………………………………………………………………………………………

Does your child play electronic games? …… How often? …………. For how long at a time?………………

What games? …………………………………………………………………………………………………………………………………………………

Does your child have access to the Internet? …………. For what purpose? ………………………………………………………………………………………………………

What kinds of music does your child listen to at home? ………………………………………………………………………………………………………

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**OTHER**

Is there anything else you feel is pertinent to your child’s biography that has not been covered here? Please list.

……………………………………………………………………………………………………………………………………………………………

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……………………………………………………………………………………………………………………………………………………………..

Is there anything you would like to discuss further at the interview? Please list.

……………………………………………………………………………………………………………………………………………………………..

Thank you for your cooperation.

This form is confidential and will be used only by the teachers.

Signatures of parent/s:

……………………………………………………………………………………………………………………………………………………………..

or guardian

……………………………………………………………………………………………………………………………………………………………..

Date:

……………………………………………………………………………………………………………………………………………………………..

Please return to: Central Coast Rudolf Steiner School

Locked Bag 905z, OURIMBAH NSW 2258

☎ (02) 4362 3400 ☎ (02) 4362 3411

Email: www.info@ccrss.nsw.edu.au
EARLY CHILDHOOD BIOGRAPHY

CHILD’S NAME: ......................................................................................................................

Child’s birth date: ..................................................................................................................

PARENTS’/GUARDIANS’ NAMES: ......................................................................................

...........................................................................................................................................

Address: ..............................................................................................................................

..............................................................................................................................................

.............................................................................................................................................. Post code: ............

Telephone/s: ...........................................................................................................................

Email Address: .......................................................................................................................
PREGNANCY & BIRTH
Would you mind describing your pregnancy? ...........................................................................................................

Were there any complications at birth? ..........................................................................................................................

EARLY YEARS
Were there any problems in the following areas?: (describe briefly)
Emotional? ..........................................................................................................................................................
Development of speech? ..........................................................................................................................................
Eating? ..................................................................................................................................................................
Allergies, eg dairy products? ......................................................................................................................................
Illnesses and healing? ..................................................................................................................................................
Prone to infections? ..................................................................................................................................................
Are/were there any letters or sounds your child does not speak clearly yet? .............................................................
Were there difficulties with toilet training? ..................................................................................................................

Does/did your child wet the bed at all, if so, under what circumstances? .................................................................

Does/did your child have habits such as sucking thumbs or fingers, nail biting, hair twisting? ..........................

Does/did your child have problems with hearing or eye sight? ..................................................................................

Does your child favour the left or right hand for writing? ...........................................................................................

Does your child take initiative? .....................................................................................................................................

Does/did your child have a dream life / fantasy life? ..................................................................................................

How would you describe your child’s self esteem and confidence? .............................................................................

Describe any vulnerabilities your child may have. ........................................................................................................

Has your child ever been to a doctor or therapist in relation to learning, emotional or behavioural difficulties? If so, please give details. ................................................................................................................

Has your child ever been put on medication in relation to learning, emotional or behavioural difficulties? If so, please give details. ...................................................................................................................
FIRST YEAR
At what age (approx.) did your child crawl?  Sit?  Walk?  Say first words?  
Were there any illnesses or health disturbances, eg measles, colic, reflux, etc? 
Were there teething problems?  Were there sleeping problems?  
How would you describe your child’s energy levels in the first year?  
Were there any accidents or key events in the first year? 

CHILD’S EARLY LEARNING HISTORY
Has your child previously attended a day care centre, pre-school or other school? Please give details:
Previous school  Name  Days Attended  Year/s of attendance 

FAMILY
Do both parents reside in the home?  
If not, how much time does the child spend with the parent not residing in the home?  
Has the family moved house since the birth of the child?  If so, how many times?  
What language is spoken in the home?  
If the family is from another culture, describe home life or attitudes which may be culturally specific (incl. holidays and festivals celebrated).  
Does your child have any siblings?  Age/s  
Describe their relationship and play.  

SLEEP RHYTHMS
Child’s bedtime?  Weekdays  Weekends  
How many hours sleep does he/she have?  
What, if any, is the bedtime ritual?  
Does you child settle into sleep easily?  
Does your child sleep through the night?  
If not, how often does he/she wake?  
How does your child awaken? (eg, dreamy, cranky, cheery, etc.)