



# Family Background

Child's Name:	Birth Date:
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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 Practice | <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 | _____  |