*We believe that all aspects of a child’s well-being contribute to their success academically. We know that a child’s parents/caregiver are the ones who know them best and are responsible for their welfare. Therefore, we are asking for you to partner with us in fully understanding your child’s history. We ask about this so we can know if there are experiences that have been challenging or potentially upsetting for your child that you believe may contribute to how he/she is developing and/or behaving. Please share your thoughts about your child so that we can better help him/her to learn here at school.*

1. With whom does your child have a close relationship/attachment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Has your child lived with the same caregivers for his/her whole life? Yes No

If not, who has your child been separated from and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Before age 3 years, did anything happen in his/her life that were scary or upsetting? Yes No
2. Has anything ever happened that was emotionally harmful to your child? Yes No
3. Is there anything that ever happened to your child that caused him/her physical harm? Yes No
4. Are there any people in your child’s life that you have concerns about? Yes No
5. Has your child experienced anything that you think might have been scary or upsetting? Yes No

If so, what was the event/experience? (examples: car accident, natural disaster, having

someone close die, being attacked by an animal, being threatened or hurt by someone,

witnessing domestic violence, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Does your child:
* have any behaviors that you find concerning? Yes No
* seem keyed up, on edge, or easily spooked or angered? Yes No
* does your child talk or play (or have nightmares) about scary or upsetting events

that have happened? Yes No

* have any problems with sleep, toileting, or eating? (circle all that apply) Yes No
* seem to be in a bad mood a lot, seem to see things in a negative way, or have

trouble enjoying things? Yes No

* have times when your he/she can’t seem to calm down? Yes No
* have problems with concentration/attention Yes No
1. Is there anything else you think is important for us to know about your child? Yes No

If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Thank you!***

Section 1: \_\_\_\_\_\_/6 Section2: \_\_\_\_\_\_/8