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STORYSTAGE WORKSHOPS CHILD HISTORY

Completing the following questions will help us tailor our workshops to better meet your child's needs and interests. Please know that all information provided is held in strict confidence. We appreciate you helping us get to know your child better!

Date: _____

Child's Name: _____

Date of Birth: _____ Age: _____

Parents' Names: _____

Parent's Email: _____

Phone: (Home) _____ (Work) _____

Emergency Contact: _____

Phone: _____

Child's Address: _____

Child's School & Grade: _____

Sisters and Brothers in the household:

Name: _____ Age: _____

Name of the person completing this form: _____

Relationship to child: _____

Who referred you to Story Stage? _____

What do you hope your child gains from the workshop at Story Stage? _____

Is your child currently receiving (or has in the past received) any support services such as Speech Therapy, Occupational Therapy, Physical Therapy, Tutoring, etc?

<u>Who</u>	<u>When</u>	<u>Outcome</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there specific goals from any support services that you would like us to address in our workshop?

Does your child have any food allergies? _____

How well is your child's speech understood by strangers?

How well does your child interact in social situations?

How well does your child have conversations about something that happened yesterday?

What are your child's interests and favorite activities?

Does your child have any fears (e.g. stuffed animals, loud noises)?

If your child is in school, are there any concerns about academic performance? Yes No

If so, please explain: _____

Does your child receive special help in school? Yes No
If so, please explain:

Is there anything else you wish to add that would help insure a positive experience for your child at Story Stage?

*Thank you very much for your help and for the information you provided.
If you have any questions please contact us at
(817) 939-6399.*