

# CAOS Child Fact Sheet

805 W. Park St., Urbana, IL 61801

Child's Full Name (including middle) \_\_\_\_\_ / \_\_\_\_\_  
Nickname

Form Completed By: \_\_\_\_\_

Family interests and hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Facts about your child:

What are some of your child's likes? \_\_\_\_\_  
\_\_\_\_\_

What are some of your child's dislikes? \_\_\_\_\_  
\_\_\_\_\_

Are there some things that can generally make your child mad or sad? \_\_\_\_\_  
\_\_\_\_\_

What helps calm your child when he/she is upset? \_\_\_\_\_  
\_\_\_\_\_

Are there any situations that may be difficult for your child? \_\_\_\_\_  
\_\_\_\_\_

Please list any additional concerns/behaviors specific to your child that the teacher/therapist should know about: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any special goals or areas of focus for your child this year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_