Background and Contact Information

Twins: 1)	2)
Mother:	Father:
Address:	
Phone (home):	Phone (home):
Phone (mobile):	
Phone (work):	
Occupation:	
Any other languages spoken at hor	ne:
Twins Date of Birth:	
Twins Zygosity:	
	ur family? Please describe.
Were the twins born prematurely, o	or were there any other birth complications?
Birth Weight- Twin 1)	Twin 2)
	edical problems?
	prescribed medications?

Does either twin have any speech or language problems?							
Are the twi	ns Lef	t or Righ	nt handed? C	ircle.			
Twin 1)	Left	Ri	ght	Twin 2)	Left	Right	
Twins Pres	chool	(if they a	attend one): _				
Preschool A	Addres	s:					
Preschool j	phone:						
Preschool of	lirecto	r or cont	act person: _				
Days Atten	ding p	reschool	:				
Times atter	nding o	on those	days:				
Preschool I	Focus ((ie Mont	essori or Stei	ner):			
Literary Fo	cus	1	2		3		
Proposed K	Cinderg	garten fo	r 2008:				
<u>Siblings</u> : _							

If any siblings school age, are there any reported reading problems?

<u>Ancestry</u> : Please write down the countries where each of the twins' parents and

grandparents were born. Also please give their ancestry – that is the place or group ancestors from.

	The twins' father	The twins' mother
Country of Birth		
Ancestry		

	The twins'	The twins'	The twins'	The twins'
	father's father	father's mother	mother's father	mother's mother
Country of birth				
Ancestry				