

Developmental History to Introduce My Child Date: _____

Please introduce your child to us. Be as thorough as possible in your answers. As always, your comments will be kept strictly confidential; only the director and your child's teacher will see these forms.

Child's Name _____ DOB _____

Was your child full-term? _____ Any complications at birth? _____

Nickname _____ Name you want your child to learn to print _____

Has your child attended preschool before (if yes, where and how long?) _____

Previous and Current Schools and Daycare Centers attended by your child (school and Dates) _____

Do you have any developmental concerns regarding your child? _____

Is your child receiving special services? _____ Will a teacher/therapist be visiting the school to work with your child? _____

Will special arrangements need to be made to the classroom to accommodate any developmental, behavioral, or physical limitations or distinctions? _____

Does your child use the toilet independently, please describe any help they may need _____

What words does your child use when they need to use the toilet? _____

Is your child's diet restricted in any way? _____

Does your child have any allergies? _____

Has your child had any noteworthy hospital stays or reoccurring medical problems? _____

Does your child require treatment for any continual medical problems? _____

What fears does your child have that we need to be aware of? _____

Are languages other than English spoken at home? (if yes, list languages) _____

What languages does your child speak? _____

Is his or her English clear to strangers? _____ What language does your child most often use? _____

Does your child sing songs? _____ Recite nursery rhymes? _____

Does your child enjoy listening to stories? _____ Looking at books? _____

Does your child know his or her
Colors? _____ Shapes? _____ Name? _____
Numbers? _____ Uppercase Letters? _____ Lowercase Letters? _____
Phonics (the sounds letters make)? _____

Has your child had the opportunity to use

Scissors? _____ Glue? _____ Paint? _____ Crayons? _____

Markers? _____ Tape? _____

Does your child work independently? _____

Does your child play well with others? _____

Does your child transition well between activities? _____

Does your child accept help and corrections easily? _____

Who does your child usually play with? (mark all that apply)

younger children? _____ older children? _____ same-aged children? _____

siblings? _____ adults? _____ alone? _____

What are your child's favorite indoor activities? _____

What are your child's favorite outdoor activities? _____

What are your child's favorite tv/movie shows? _____

What are your child's favorite singers or songs? _____

List 5 characteristics that best describe your child _____

If you have any other comments regarding your child's development, personality, or medical history, please add your comments here _____

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

What does your child enjoy doing with his or her mother? _____

What does your child enjoy doing with his or her father? _____

If there is a home situation that you would like the Director to know about, including custody agreements and/or problems, please contact her directly.

Please list the names and ages of siblings _____

How does your family deal with inappropriate behaviors? _____

Is your child regularly cared for by someone other than his or her parent? _____ If yes, where/who and how often? _____