



GRADE 1 PLEASE COMPLETE AND MAIL TO: St. Mary School along with the Grade 1 application.

DEVELOPMENTAL HISTORY

CHILD'S NAME: _____

PERSONAL HISTORY:

Type of birth _____

Any complications? _____

Age began: Sitting _____ Crawling _____ Walking _____

Talking _____ Any difficulties speaking? _____

Has your child ever received speech services? _____

If so, describe the services _____

Other language spoken in home? _____

HEALTH:

Any serious illnesses or hospitalization? _____

Any physical disabilities or allergies? (asthma, hayfever, insect bites, etc.)

Any medications given regularly? _____

EATING:

Does your child ever have any eating problems? _____

Food allergies? _____

CONTINUED ON REVERSE SIDE

SOCIAL RELATIONSHIPS:

Has your child had experiences playing with other children? _____

How does your child relate to other children? _____

By nature is your child: Friendly? _____ Withdrawn? _____

Aggressive? _____ Shy? _____

How does your child relate to strangers? _____

Does your child play well alone? _____

Is your child frightened by: Animals? _____ Loud noises? _____

Storms? _____ Rough children? _____

Anything else? _____

Who does most of the disciplining? _____

What is the most effective way of handling your child? _____

How do you comfort your child? _____

Please add any information that you feel would be valuable to those who will work with your child. _____

Parent's Signature

Date