

To be completed by the parents/guardians and mailed to the school office with the Kindergarten 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 \_\_\_\_\_ Withdrawn?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

