

# 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? \_\_\_\_\_