

**KINDERGARTEN
DEVELOPMENTAL HISTORY FORM A**

Please complete this form after you have completed the Kindergarten registration form and leave both with the school secretary.

Name of Child: _____ **Date of Birth:** _____

Parent's or Guardian's Name: _____

PRESCHOOL AND DAYCARE EXPERIENCE:

Name of School/ Program: _____ Dates attended: From _____ To _____

Did the teacher/ daycare provider raise any concerns about your child's progress? ___ Yes ___ No

Explain: _____

Were there any special services or supports that your child received in his/her preschool or daycare program? ___ Yes ___ No

Explain: _____

MEDICAL INFORMATION:

PEDIATRICIAN: _____ ADDRESS: _____

Are there any health concerns that may affect school performance? _____

Allergies: _____ Diagnosis: _____

Is your child presently on medication? ___ Yes ___ No Name of medication: _____

Has your child had any significant injuries or hospitalizations? ___ Yes ___ No

Explain: _____

Does your child have private Health Insurance? ___ Yes ___ No

Would you like information about Husky Insurance (state assistance health insurance)? ___ Yes ___ No

DEVELOPMENTAL HISTORY:

Speech and Language Information

At approximately what age did your child:
begin to talk? _____ put 2 or 3 words together? _____ use sentences? _____

Does your child stutter? ___ Yes ___ No Explain: _____

Does your child generally have difficulty expressing his/her wants and thoughts? ___ Yes ___ No
Explain: _____

Do people outside of the family have trouble understanding your child's speech? ___ Yes ___ No
Explain: _____

Does your child have any trouble following more than two verbal directions at one time? ___ Yes ___ No
Explain: _____

Does your child have trouble understanding or appear to be confused by what is said to him/her? ___ Yes ___ No
Explain: _____

Is any language other than English spoken in your home? ___ Yes ___ No which? _____

Does your child understand that language? ___ Yes ___ No Does your child speak that language? ___ Yes ___ No

PLEASE COMPLETE BACK OF FORM

Milestones/ Behavioral Characteristics

At approximately what age did your child:

Crawl: _____ Sit up: _____ Walk: _____ Toilet train: _____

Does your child nap regularly? ___ Yes ___ No when? _____

Please indicate any concerns about your child's sleep patterns:

Falling asleep: _____ Sleeping through the night: _____ Waking up: _____

How would you categorize your child's response to separation?

Easy _____ Challenging _____ Slow to warm up _____ Extremely difficult _____

Please check any of the following, which describe your child:

____ Talkative ____ Active ____ Confident ____ Demanding ____ Quiet
____ Clumsy ____ Shy ____ Dependent ____ Very Active ____ Calm
____ Easy Going ____ Outgoing ____ Aggressive ____ Independent ____ Curious

Does your child know any colors? _____ numbers? _____ letters? _____

Does your child like to sing songs or repeat nursery rhymes? ___ Yes ___ No

What games/ interests does your child enjoy? _____

Does your child have an opportunity to play with other children his/ her own age? ___ Yes ___ No

Describe how your child interacts with other children: _____

What are your child's strengths or greatest characteristics? _____

If there is any information about your child that you would like us to know, please describe:

Name of parent/guardian completing this form: _____

Telephone number: _____