

DEVELOPMENTAL HISTORY QUESTIONNAIRE

Please assist us in better knowing your child by taking a few minutes to complete this form.
Please return this form to your child's Kindergarten Screening appointment.

Name of Child: _____

Gender: _____ Child's Age: _____

Person completing this: _____

Relationship to child: _____

What language(s) is your child exposed to in the household or family? _____

Pregnancy & Birth History

Please describe any complications during pregnancy or birth:

At what age did your child sit-up? 3-6 mos. 7-9 mos. Other _____

At what age did your child start to crawl? 6-12 mos. 13-18 mos. Over 18 mos.

Other _____

At what age did your child walk? Under 1 yr 1-2 yr 2-3 yr

Other _____

At what age did you child toilet train? 18-24 months 25-30 months 31-36 months

Other _____

General Health

Please explain any health problems your child experienced?

How has the problem, noted above, resolved or managed?

Please explain if you child has ever been hospitalized:

Do you have concerns about your child's development in *any* of these areas?

- Speech or Language Motor Skills Social Skills Sensory
 Behavioral Emotional Cognitive (Intellectual)

Please explain:

Please explain if you child has ever received any special services (i.e.: Speech, Occupational Therapy (OT), Behavior Therapy, Special Education Services, Counselor, etc.).

Please explain any vision or hearing problems any vision problems your child has experienced.

Social Relationships

My child usually plays (mark all that apply) alone w/siblings w/peers w/ younger children w/older children w/adults?

Please explain how easy, or difficult, it is you're your child to make friends.

Briefly described your child's temperament (easy going, intense, slow to warm to new people, curious, or situations, happy, active, etc.)

My child enjoys: _____

Please identify your child's strengths or greatest characteristics.

Before Kindergarten Experience

Please check the following "Before Kindergarten" experiences in which your child has been enrolled:

_____ Daycare – please identify _____
_____ Preschool – please identify _____
_____ Other - please identify _____

Please explain any concerns you may have regarding your child's readiness for kindergarten.

Please explain any history of difficulty in academic performance in your child's family.

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