

SCITUATE PUBLIC SCHOOLS

Scituate, Massachusetts

KINDERGARTEN DEVELOPMENTAL HISTORY

Please respond to all questions as fully as possible so we can best meet your child's needs in kindergarten.

Student Information

Child's Full Name: _____ Sex: ___ DOB ___ / ___ / ___
What name do you prefer your child to be called in school? _____

Parent Information

Father's Name: _____ Marital Status: _____

Mother's Name: _____ Marital Status: _____

Family Information

Child lives with: ___ Both parents ___ Mother only ___ Father only
 ___ Other : _____

Child's household includes (please list siblings and significant others):

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Language(s) spoken in the home:

Has your child had any previous school or group experiences? ___ Yes ___ No

Place: _____ Date: _____

Place: _____ Date: _____

Will your child be in a childcare setting while in kindergarten? ___ Yes ___ No

If yes, please describe:

Name of Caregiver: _____

Address of Caregiver:

Phone Number: _____

Health

Child's birth was: _____ full term _____ premature

Please describe any prenatal or birth complications.

Please describe your child's history of:

- Vision problems: _____
- Allergies: _____
- Hearing problems (include chronic or occasional ear infections, tubes): _____

Is your child subject to frequent colds? _____ Yes _____ No

Has your child had any major

- Illnesses: _____
- Injuries: _____
- Surgeries: _____
- Hospitalizations: _____

Has your child had any assessments by a specialist?

- Psychological: _____
 - When: _____
 - Where: _____
- Educational: _____
 - When: _____
 - Where: _____
- Physical/Medical: _____
 - When: _____
 - Where: _____

Has your child participated in any early intervention program? _____ Yes _____ No

Please describe your child's sleeping habits (requires little sleep, naps often, wets bed, etc.)

Is there any other health information the school should be aware of?

Readiness Skills

Please check activities your child can do:

- Remembers short messages
- Follows two or more directions at a time
- Dresses self
- Repeats familiar nursery rhymes

Can your child state his/her:

- Full Name
- Address
- Telephone Number

Can your child correctly identify:

- Colors
- Shapes
- Letters
- Words
- Numbers

Motor Development

At approximately what age did your child first:

- Sit _____
- Crawl _____
- Stand _____
- Walk _____
- Become toilet trained _____

Please check the motor skills your child has acquired:

- | | |
|--|---|
| <input type="checkbox"/> Runs | <input type="checkbox"/> Rides tricycle or bicycle |
| <input type="checkbox"/> Hops | <input type="checkbox"/> Throws and catches ball |
| <input type="checkbox"/> Skips | <input type="checkbox"/> Uses crayons |
| <input type="checkbox"/> Balances on one foot | <input type="checkbox"/> Uses pencils and holds correctly |
| <input type="checkbox"/> Climbs stairs correctly | <input type="checkbox"/> Uses scissors |

Child has developed:

- Right-handedness Left-handedness Undecided

Language Development

How much does your child talk at home?

How much does your child talk outside the home?

At approximately what age did your child first:

- Say words _____

- Speak in sentences _____

Do you have any concerns about your child's speech or language development? If so, please explain.

Behavioral Development

Please check your child's behavior with peers.

- _____ Is uncertain or timid
- _____ Is confident or self-assured
- _____ Seems enthusiastic
- _____ Is dependent on others
- _____ Has many friends
- _____ Prefers to play alone
- _____ Joins in group activities readily
- _____ Other (please define) _____

What kind of play activities does your child prefer (indoor, outdoor, active, passive, etc.)?

What are your child's interests (puzzles, books, quiet time, etc.)?

How physically active is your child?

How would you characterize your child's attention span?

What age level does your child prefer in playmates?

More Questions About Your Child

How much time per day does your child watch TV?

How often is your child read to?

Does your child show imagination in (please define if imagination demonstrated):

Storytelling

Drawing

Building/Making Things

Play Activities

What does your child show curiosity in? Please provide specifics.

In comparison to other children, has this child been easier, about average, or more difficult to raise? Please explain.

Does your child have any special style or ways of communicating his/her feelings? How do you know if he/she is angry, sad, etc.?

How do you engage your child's cooperation? What works?

Have there been any significant experiences in your child's life of which the school should be aware? (e.g. moves, illnesses, death, fears)?

What are your child's strengths and special interests?

In what areas does your child need support or encouragement?

What do you hope your child will learn in kindergarten?

Is there anything you are wondering about kindergarten?

Would your child do better if separated from another child?

Special Education

Is there a family history of learning difficulties? Please specify.

Has your child received any special education services? Please specify.

Do you have any concerns about your child which might indicate a need for special services?
Please specify.

What Did We Forget To Ask You?

What else would you like us to know about your child so that she/he may have a positive experience in kindergarten?

Parent Signature: _____ Date: _____