

SCITUATE PUBLIC SCHOOLS

Scituate, Massachusetts

KINDERGARTEN DEVELOPMENTAL HISTORY

Please respond 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 Guardian Information

Parent/Guardian 1 Name: _____ Marital Status: _____

Parent/Guardian 2 Name: _____ Marital Status: _____

Family Information

Child lives with:

Both parents Parent 1 only Parent 2 only

Other (explain) : _____

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

Name	Age	Relationship
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Language(s) spoken in the home: _____

Previous Experiences

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

Place: _____ Date: _____

Place: _____ Date: _____

Childcare Plans

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

This 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 _____
- Craw _____
- 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?

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.

More Questions About Your Child

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 Completing the form: _____ Date: _____