

# 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: \_\_\_\_\_