

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION
St. Simons Presbyterian Preschool 2018-2019

Child's Full Name: _____

Preferred name: _____

Sex: Male Female Date of Birth: _____ Parents: _____

Address: _____ Phone: _____

DEVELOPMENTAL HISTORY

Are there any development concerns, diagnosed or suspected with your child?

Yes No

If yes, please explain.

Do you have any concerns about your child's social development? Yes No

If yes, please elaborate:

LANGUAGE DEVELOPMENT

Is a second language spoken in your home? Yes No If yes, which language?

Does your child have difficulty with his/her speech? Yes No

If yes, please elaborate:

HEALTH

Current or previous serious illnesses, hospitalizations, special physical conditions, and/or disabilities? Please explain:

Regular medications:

Allergy Information:

TOILET HABITS

Is your child potty trained? Yes No

SLEEPING HABITS

Does your child become tired or nap during the day. (If yes, when and how long)?

Describe any special security needs (pacifier, stuffed animal, story, etc.)

PERSONALITY & ACTIVITIES

How would you describe your child?

What do you consider your child's activity level to be like?

Prefers quiet activities Physically active Tends to get hyper

Does your child like to play alone? Yes No

Describe any fears your child might have.

Is there anything else we should know about your child?

SOCIAL DEVELOPMENT

Has your child ever been enrolled in another preschool or daycare setting?

Yes No If yes, where and when:

Does your child have trouble separating from you when being dropped off or have trouble adjusting to new places and faces? Yes No

What is the method of behavior management/discipline at home?

Do you expect any adjustment problems when your child begins preschool? Explain:

What would you like your child to gain from this preschool experience?

FAMILY LIFE

Who else lives in the home with your child?

Any special family concerns we should be aware of such as custody arrangements or other family situations?