

PENTUCKET REGIONAL SCHOOL DISTRICT

OFFICE OF THE SUPERINTENDENT
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Child Development History

Please respond to all questions as fully as possible to help us get a better understanding of your child, so we can best meet their needs in preschool and/or kindergarten. Thank you in advance.

Date: _____ **Name of person completing form:** _____ **Relation:** _____

1- Child's Full Name: _____ **DOB:** _____

Address: _____ **Phone:** _____

Place of Birth: _____ **Languages Spoken in Home:** _____

Adopted? Yes No **If yes, give date:** _____ **Does the child know?** Yes No

Foster Child? Yes No **If yes, give date:** _____ **Does the child know?** Yes No

2- Mother's Name: _____ **Occupation:** _____

Place of Employment: _____ **Phone:** _____

3- Father's Name: _____ **Occupation:** _____

Place of Employment: _____ **Phone:** _____

4- Are parents: Married Divorced Separated Widowed Remarried

Child lives with: Both parents Mother only Father only

Other: _____

5- Child's household includes (please list all members of household):

| <u>Name</u> | <u>Age</u> | <u>Relationship to student</u> |
|-------------|------------|--------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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Developmental History

6- Child's birth was: Full term Preterm

Any complications? _____

Has your child had any assessments by a specialist, such as a psychologist, educator, or medical doctor? Yes No

If so, when and where: _____

Results of testing: _____

Has your child ever been placed in a program for children with special needs? Yes No

7- Developmental milestones (*please note ages and anything unusual*):

a- Sat without support: _____

b- Walked alone: _____

c- Used single words: _____

d- Used full sentences: _____

e- Toilet trained: Daytime: _____ Nighttime: _____

f- Other information:

8- Health history (*please check any areas that apply to your child and comment if necessary*):

a- Frequent colds: _____ b- Birth injuries: _____

c- Bed wetting: _____ d- Frequent headaches: _____

e- Hearing problems (*including ear infections*): _____

f- Vision problems (*including glasses or contact lenses*): _____

g- Allergies (*asthma, eczema, etc*): _____

h- Poor appetite: _____ i- Physical limitations: _____

j- Medications: _____

For what: _____

k- Any major illnesses, surgeries, or hospitalizations:

l- Any history of illness in your family that may affect your child's normal development? (*please explain*):

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Current Status

9- Please check the **motor skills** your child has acquired:

- Runs Skips Balances on one foot Hops Climbs stairs Rides tricycle/bicycle
 Throws ball Catches ball Uses crayons/pencils Uses scissors Writes name
 Uses fork/spoon Dresses self Buttons Zips

Child has developed: Right-handedness Left-handedness

Please check the **language/cognitive skills** your child has acquired:

- Knows birthdate Knows telephone number Recognizes shapes Knows colors
 Sings/says alphabet Counts to 10 Builds with blocks Enjoys stories
 Follows directions Points to pictures in books

Please answer the following regarding your child's **behavioral development**:

a- Describe in detail your child's behavior with peers (*shy, uncertain, confident, enthusiastic, dependent, follower, leader, etc*):

b- What are your child's special interests? _____

c- What kind of play activities does your child enjoy? _____

10- How long is your child able to play with others without adult intervention:

11- What age level does your child prefer in playmates (*younger, older, same age*):

12- Does your child tantrum? Yes No If so, under what circumstances:

13- How much time per day does your child watch tv or play on electronic devices: _____

14- Does your child show imagination: Story telling? Yes No Drawing? Yes No

Building and making things? Yes No Other: _____

15- Does your child show curiosity? _____

continued on next page

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

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

18- Have there been any significant experiences in your child's life of which the school should be aware (moves, illnesses, deaths, fears, etc):

19- Please list the names and addresses of childcare facilities and/or preschools your child has attended:

20- I hereby authorize the Pentucket Regional School District to obtain information and records from the following facilities:

This release of records expires one year from the date of signature

Signature of Parent / Guardian

Date