

Calvary Murrieta Preschool

Developmental History

Please fill out this form to the best of your ability. This is to help us as educators get a better understanding of who your child is so we can best meet his or her needs. This information is confidential and will only be shared with your child's teacher so that she may better service your child.

Full Name of the Child: _____

Nickname: _____

Family Questions:

Is the child adopted? _____ If yes, at what age did the adoption take place? _____

Does the child have any siblings? _____ If yes, what are their ages? _____

Where does the child fall in the birth order? _____

Who does the child live with on a regular basis? _____

Are there any unusual situations in your family life that might affect your child in some way? _____

Church affiliation? _____

Infancy Questions:

Date of Birth: _____ Where was the child born? _____

Were there any complications with the pregnancy? _____

If yes, please explain: _____

Were there any complications with the birth of the child? _____

If yes, please explain: _____

Has the child had any serious health problems? _____

If so, what illnesses has the child had? _____

Toddler and Preschooler Questions:

Did your child crawl before learning to walk? _____

When did your child begin to walk? _____

Has the child ever been separated from you for any period of time? _____

If yes, how did the child respond when you left? _____

If no, how do you anticipate your child to respond? _____

Has your child attended preschool or family childcare before? _____ How long? _____

If yes, please list the name, address and phone number of the location:

Family Provider/Previous Preschool: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Has your child ever participated in group play with other children? _____

Is your child able to dress him/herself? _____

When did potty training/learning begin? _____

How long did it take for your child to learn to use the potty during the day? _____

How long did it take for your child to learn to use the potty at night? _____

What words are used for urination? _____ Bowel movements? _____

Is your child able to wipe him/herself alone? _____

What time does your child normally go to bed at night? _____

What time does your child normally get up in the morning? _____

Does your child nap well during the day? _____ How long does he/she sleep? _____

Is your child a good sleeper? _____

Does your child have any allergies? _____ If yes, please explain: _____

Does your child have any fears that you are aware of? _____

If yes, please explain: _____

Does your child have any developmental delays or any physical or emotional health problems that we need to be aware of? _____

If yes, what are they? _____

Are there any other problems that we need to be aware of about your child? (This may include special diets, prescriptions, counseling, or limitations on normal activities.) _____

If yes, please explain: _____

How would you describe your child's personality? _____

How would you describe your child's ability to interact with adults? _____

With other children the same age? _____

What type of discipline/guidance/correction is used at home? _____

When are these techniques used? _____

How does your child respond to these techniques? _____

What are your expectations for your child's experience in preschool? _____

What are some personal goals you would like to see your child accomplish by the end of the school year? _____

Thank you for filling this information out for us. It is going to be a pleasure working with you and your child.

Parent or Legal Guardian Signature

Date