

DEVELOPMENTAL HISTORY

CHILD'S NAME _____ BIRTH DATE _____

Has your child had experiences in playing with other children? _____

By nature is your child friendly? _____ aggressive? _____ shy? _____ or withdrawn? _____

How does your child get along with any brothers and sisters? _____

other adults? _____

Does your child know any other children in the preschool? _____

Do you feel your child will adjust easily to the preschool situation? _____

Does your child enjoy playing alone? _____

How does your child relate to strangers? _____

Does your child demand a lot of adult attention? _____

What makes him or her mad or upset? _____

How does your child show his or her feelings? _____

What do you find is the best way of handling him or her? _____

In your family who does most of the disciplining? _____

Is your child afraid of any of the following? Animals? _____ Dark? _____ Storms? _____

Tall people? _____ Rough children? _____ Loud noises? _____

Favorite toys and activities at home: _____

Does he or she like to be read to? _____ Listen to music? _____

Does your child like to play outdoors? _____ Can he or she ride a tricycle? _____

Has your child had experience with: clay? _____ scissors? _____ blocks? _____

easel painting? _____ finger painting? _____ gluing? _____

In what particular ways can we help your child this year? _____

Any other comments? _____