

Temple Bat Yahm Preschool

Developmental History

The purpose in securing this information is to help the preschool teacher better understand your child. Your child's growth and development is a concern we share.

Child's Name:	Birthdate:
Parents' Names:	
Home Address:	Phone:

I. School Social Relationships

Why do you want your child to attend preschool?
Is this your child's first preschool experience? Yes No
Please indicate past preschool or camp experiences, length of time in program, child's reactions:
Has your child had any other group experiences?
Does your child already know any children in our preschool? If so, please list:
Do you feel your child will adjust easily to preschool?
How does your child customarily react to being separated from you?
Describe your child's relationships with other children. Is he/she outgoing, shy, aggressive, domineering, cooperative, other?
With whom does your child prefer to play?
What types of play and learning activities does your child prefer?

Personal History

Type of birth:
Any complications?
If adopted, at what age:
Age child began sitting:
Age child began crawling:
Age child began walking:
Age child began talking:

Any speech difficulties?
What languages are spoken in the home?
If English is not spoken in the home, how well does child speak and understand English?
Do you have any concerns about speech/language?
Describe any serious illnesses or hospitalizations your child has experienced:
Describe any food problems, food allergies or food restrictions:
Describe any toilet training problems:
Age child was toilet trained:
Words child uses to indicated his/her need to use toilet:
Usual bedtime:
Awakening time:
Nap time:
Is there any pertinent information about your child's general health or personal history that we should know? Is so, please explain:

Parent's Perspective

What types of situations (separations, new experiences, frightening experiences, etc.) typically prove difficult for your child and cause him to become upset, tense, fearful or angry? What ways have you found to help him/her?
Describe any past experiences or adjustments which have been especially difficult for your child:
In what particular ways can we help your child this year?
Parent's evaluation of child's development:
Parent's evaluation of child's personality:

Family and Home

Mother's Name:	Age		
Occupation:			
Father's Name:	Age		
Occupation:			
Parents (Please circle one:)	Married	How Long?	
Divorced	Remarried	Separated	Deceased
Age of child at time of any above change in family situation:			
If divorced or separated, does child see absent parent? Never Rarely Regularly			
Any restrictions with the non-custodial parent that the school should be aware of?			
Religion: Congregation Affiliation:			
Siblings Name:	Birthdate	School & Grade	
List any other persons living with the family and please indicate relationship to child			
If another person shares in caring for child on a regular basis, please indicate name, relationship. Days/hours responsible for child's care:			