



Child's Developmental History

School Year _____

Child's Name _____ Birthdate _____
Last First Middle m/d/y

Has your child had previous group experience? _____

Where? _____

Does your child have neighborhood playmates? _____ How many? _____

Does your child have any close friends at FRCP? _____

Who? _____

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

If no, why? _____

Does your child sleep alone? ___ Take a daily nap? ___ Hours _____

Is your child hungry at mealtimes? _____

Food dislikes _____

Food allergies _____

Characteristic behavior (please underline): calm, excitable, easily angered,
happy, cheerful, stubborn, cooperative, quiet, independent, active, leader,
follower, other _____

Has your child had experience with: clay ___ scissors ___ easel painting ___

Blocks ___ finger painting ___ water play ___ story hour ___ coloring ___

What do you see as your child's strengths? (physical, social, emotional, academic)

What do you see as your child's challenges? (physical, social, emotional, academic)

What are your child's special interests, hobbies, abilities, etc?

(over)

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Reflecting on a favorite coach or teacher, what qualities in that adult brought out the best in your child?

Reflecting on a time when learning a skill or concept proved challenging to your child, what techniques/actions proved to be effective? What techniques/actions were not effective?

Historically, does your child tend to interact with one friend, a small circle of friends or a large circle of friends?

The one thing I see in my child at home that I hope you see this coming year is:

The one thing I see at home in my child that I hope FRCP can help my child with is:

How well does he/she get along with other children?

Please describe your child in a few sentences:

What are some of your child's interest, favorite activities and/or toys?

Fears and how your child shows fear:

What makes your child frustrated or upset?