Developmental History

Student Name: ____________________________________________

Last       First       Middle

Does your child have any special needs? ____________________________

Has your child had any serious illnesses and/or hospitalization? ____________________________

Social Relationships

How would you describe your child? __________________________________________

What are your child's favorite toys or activities? ____________________________

What does your child fear? ____________________________

How is your child comforted? __________________________________________

How does your child express anger and frustration? ____________________________

What would you like your child to gain from his/her preschool experience? ____________________________

Is there anything you would like us to know about your child? ____________________________

Parent/Guardian Signature: ____________________________ Date: ____________________________