

**PLEASE RETURN COMPLETED FORM TO THE SCHOOL NURSE ON THE DAY OF  
KINDERGARTEN SCREENING**

**KINDERGARTEN - SOCIAL HISTORY**

Please answer all relevant questions fully. This material will be treated in such a way that ensures its confidentiality.

**CLERICAL INFORMATION**

Child's Name \_\_\_\_\_ Gender: (circle) Male Female

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home No. \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Cell Phone Mother \_\_\_\_\_ Cell Phone Father \_\_\_\_\_

**PRE-SCHOOL INFORMATION**

Age at entrance to Pre-School \_\_\_\_\_

Name (s) of School(s) Attended: Pre K 3 \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Pre K 4 \_\_\_\_\_

Teacher's Name \_\_\_\_\_

**DEVELOPMENTAL HISTORY**

Name and address of hospital where child was born \_\_\_\_\_

Were there any problems during this pregnancy? Yes [ ] No [ ]

If yes, explain \_\_\_\_\_

Length of pregnancy: Full Term [ ] Other: (No. of Weeks) \_\_\_\_\_

How was your child delivered \_\_\_\_\_ Weight \_\_\_\_\_ Length \_\_\_\_\_

Did your child have any difficulty during or after delivery? Yes [ ] No [ ]  
If yes, explain \_\_\_\_\_

Were there any special problems during early development? Yes [ ] No [ ]  
If yes, explain \_\_\_\_\_

### **DEVELOPMENTAL MILESTONES**

To the best of your ability, please indicate at what age (months or years) your child did the following:

Crawled at age \_\_\_\_\_ Walked at age \_\_\_\_\_

Talked: (Single Words) \_\_\_\_\_

(2/3 Word Sentences) \_\_\_\_\_

What age was your child toilet trained? \_\_\_\_\_

Does your child have any special eating habits or needs? \_\_\_\_\_

Is your child inclined to be: Quiet [ ] Shy [ ] Anxious [ ] Aggressive [ ]  
Overactive [ ]

### **FAMILY HISTORY**

1. Please describe any family factors that may relate to your child's adjustment, such as : change of residence, parent illness or loss, working hours, divorce, conflicts in how to discipline, etc.

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you believe your child may have special learning needs? Yes [ ] No [ ]  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

3. Do you believe your child may be gifted or talented? Yes [ ] No [ ]  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

4. What are your child's activities? (Sports, Hobbies, interests)

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5. Does your child remain focused on an activity for a "reasonable" length of time? Yes [ ] No [ ]

6. Approximately how many hours a day does your child spend watching television? \_\_\_\_\_ hours

7. Has your child been exposed to a variety of children's stories, poetry, songs, etc.? Yes [ ] No [ ]

8. Has your child exhibited any of the following to an excessive degree?

- Fears (i.e.) strangers \_\_\_\_\_
- Nightmares \_\_\_\_\_
- Temper Tantrums \_\_\_\_\_
- Withdrawn behavior \_\_\_\_\_
- Poor relationship with peers \_\_\_\_\_
- Difficulty in self-expression \_\_\_\_\_
- Cries easily \_\_\_\_\_
- Impulsive behavior \_\_\_\_\_
- Poor eating habits \_\_\_\_\_
- Frustration \_\_\_\_\_
- Poor self-image \_\_\_\_\_
- Mood changes \_\_\_\_\_
- Resists discipline \_\_\_\_\_