



ST. JOSEPH SCHOOL

30 MEADOW AVENUE, BRONXVILLE, NEW YORK 10708

(914) 337-0261
FAX (914) 395-1192

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

PRE-K / 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 _____



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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: _____



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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)

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 _____



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- Poor relationship with peers _____
- Difficulty in self-expression _____
- Cries easily _____
- Impulsive behavior _____
- Poor eating habits _____
- Frustration _____
- Poor self-image _____
- Mood changes _____
- Resists discipline _____



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