

LOS ALAMOS PUBLIC SCHOOLS

KINDERGARTEN INFORMATION

Developmental History

Name of Child _____ Birthdate _____

Parent's Name _____

Address _____

Child's family includes:

Brothers (name and age)

Sisters (name and age)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What name would you like for your child to use at school? _____

Have there been any recent changes in the family (i.e. moving, new baby, death, divorce, separation)? _____

Is your child *right* handed? _____ *left* handed? _____ *undetermined*? _____

Does your child take daily naps? _____

Has your child attended a preschool? If so, when and where? _____

What are your child's *strengths*? _____

Do you have any *special concerns* about your child? _____

Has your child begun to show an *interest* in numbers, letters or words? Please explain.

[OVER]

Does your child enjoy being read to? _____ For what period of time? _____

Age when child started talking _____ First word _____

Age when child started putting words together _____

Please comment on any significant speech, language or hearing development factors (e.g. delayed language development, late correction of articulation errors, prolonged periods of reduced hearing caused by chronic ear infections).

Does your child:	Yes	No
1. Have regular playmates of the same age?	_____	_____
2. Have difficulty getting along with other children?	_____	_____
3. Prefer to play with other children instead of alone?	_____	_____
4. Become easily frustrated?	_____	_____
5. Cry often?	_____	_____
6. Lose his/her temper often?	_____	_____
7. Become frequently irritated or moody?	_____	_____
8. Become upset by changes in routine?	_____	_____
9. Demand individual adult attention?	_____	_____

Is there any additional information that will help us understand your child?

Are you interested in helping in the classroom on a regular basis? Yes ___ No ___

Parent Signature

Date