

**PENTUCKET REGIONAL SCHOOL DISTRICT**

OFFICE OF THE SUPERINTENDENT  
22 MAIN STREET  
WEST NEWBURY, MASSACHUSETTS 01985-1897  
TEL: (978) 363-2280 / FAX: (978) 363-1165

GROVELAND - MERRIMAC - WEST NEWBURY

**Child Development History**

*Please respond to all questions as fully as possible to help us get a better understanding of your child, so we can best meet their needs in preschool and/or kindergarten. Thank you in advance.*

**Date:** \_\_\_\_\_ **Name of person completing form:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**1- Child's Full Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Place of Birth:** \_\_\_\_\_ **Languages Spoken in Home:** \_\_\_\_\_

**Adopted?**  Yes  No **If yes, give date:** \_\_\_\_\_ **Does the child know?**  Yes  No  
**Foster Child?**  Yes  No **If yes, give date:** \_\_\_\_\_ **Does the child know?**  Yes  No

**2- Mother's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
**Place of Employment:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**3- Father's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
**Place of Employment:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**4- Are parents:**  Married  Divorced  Separated  Widowed  Remarried  
**Child lives with:**  Both parents  Mother only  Father only  
 Other: \_\_\_\_\_

**5- Child's household includes (please list all members of household):**

<u>Name</u>	<u>Age</u>	<u>Relationship to student</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Developmental History

6- Child's birth was:  Full term  Preterm

Any complications? \_\_\_\_\_

Has your child had any assessments by a specialist, such as a psychologist, educator, or medical doctor?  Yes  No

If so, when and where: \_\_\_\_\_

Results of testing: \_\_\_\_\_

Has your child ever been placed in a program for children with special needs?  Yes  No

7- Developmental milestones (*please note ages and anything unusual*):

a- Sat without support: \_\_\_\_\_

b- Walked alone: \_\_\_\_\_

c- Used single words: \_\_\_\_\_

d- Used full sentences: \_\_\_\_\_

e- Toilet trained: Daytime: \_\_\_\_\_ Nighttime: \_\_\_\_\_

f- Other information:

\_\_\_\_\_

8- Health history (*please check any areas that apply to your child and comment if necessary*):

a- Frequent colds: \_\_\_\_\_ b- Birth injuries: \_\_\_\_\_

c- Bed wetting: \_\_\_\_\_ d- Frequent headaches: \_\_\_\_\_

e- Hearing problems (*including ear infections*): \_\_\_\_\_

f- Vision problems (*including glasses or contact lenses*): \_\_\_\_\_

g- Allergies (*asthma, eczema, etc*): \_\_\_\_\_

h- Poor appetite: \_\_\_\_\_ i- Physical limitations: \_\_\_\_\_

j- Medications: \_\_\_\_\_

For what: \_\_\_\_\_

k- Any major illnesses, surgeries, or hospitalizations:

\_\_\_\_\_

l- Any history of illness in your family that may affect your child's normal development? (*please explain*):

\_\_\_\_\_

*continued on next page*

## Current Status

9- Please check the **motor skills** your child has acquired:

- Runs    Skips    Balances on one foot    Hops    Climbs stairs    Rides tricycle/bicycle  
 Throws ball    Catches ball    Uses crayons/pencils    Uses scissors    Writes name  
 Uses fork/spoon    Dresses self    Buttons    Zips

Child has developed:  Right-handedness    Left-handedness

Please check the **language/cognitive skills** your child has acquired:

- Knows birthdate    Knows telephone number    Recognizes shapes    Knows colors  
 Sings/says alphabet    Counts to 10    Builds with blocks    Enjoys stories  
 Follows directions    Points to pictures in books

Please answer the following regarding your child's **behavioral development**:

a- Describe in detail your child's behavior with peers (*shy, uncertain, confident, enthusiastic, dependent, follower, leader, etc*):

\_\_\_\_\_

b- What are your child's special interests? \_\_\_\_\_

c- What kind of play activities does your child enjoy? \_\_\_\_\_

10- How long is your child able to play with others without adult intervention:

\_\_\_\_\_

11- What age level does your child prefer in playmates (*younger, older, same age*):

\_\_\_\_\_

12- Does your child tantrum?  Yes  No If so, under what circumstances:

\_\_\_\_\_

13- How much time per day does your child watch tv or play on electronic devices: \_\_\_\_\_

14- Does your child show imagination: Story telling?  Yes  No   Drawing?  Yes  No

Building and making things?  Yes  No   Other: \_\_\_\_\_

15- Does your child show curiosity? \_\_\_\_\_

*continued on next page*

16- Does your child have any special style or ways of communicating their feelings? How do you know when they are angry, sad, etc?

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17- How do you engage your child's cooperation? What works?

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18- Have there been any significant experiences in your child's life of which the school should be aware (moves, illnesses, deaths, fears, etc):

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19- Please list the names and addresses of childcare facilities and/or preschools your child has attended:

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20- I hereby authorize the Pentucket Regional School District to obtain information and records from the following facilities:

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*This release of records expires one year from the date of signature*

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Signature of Parent / Guardian

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Date