



GRISWOLD ELEMENTARY SCHOOL

303 Slater Avenue, Griswold, CT 06351

Tel: (860) 376-7610 Fax: (860) 376-7612

griswoldpublicschools.org/ges

Joseph Bordeau, Principal

Sean McKenna, Superintendent

Deb Martin, Director of Fiscal & Personnel Services

Jacqueline Love, Assistant Principal

Glenn LaBossiere, Assistant Superintendent

Christopher Champlin, Director of Student Services

EARLY ELEMENTARY DEVELOPMENTAL HISTORY FORM

Please complete this form with the Griswold Public Schools registration form for any new student in Kindergarten or Grade 1, and return both to the GES school secretary.

Student Name: _____ Date of Birth: (M/D/Y) _____

Address: _____

Student lives with: ☐ Both Parents ☐ One Parent ☐ Other, please specify: _____

Parent/Guardian Name: _____

Address (if different than student): _____

Phone: _____ Email: _____

Parent/Guardian Name: _____

Address (if different than student): _____

Phone: _____ Email: _____

Other Children Living in the Household:

Name	Date of Birth (M/D/Y)	Relationship to Student	Speech, language or learning concerns?
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

Are there any other individuals living in the home? ☐ Y ☐ N

If yes, what is/are their relationship(s) to the child? _____



GRISWOLD ELEMENTARY SCHOOL EARLY EDUCATION DEVELOPMENTAL HISTORY

GENERAL INFORMATION

Would you like information about adult literacy, adult education, or obtaining a GED? ☐ Y ☐ N

Have there been any changes in your child's life recently? (i.e. birth of a sibling, divorce, custody, death, or other important family changes) ☐ Y ☐ N Explain: _____

Are there any agencies/programs assisting your child or family at this time? (i.e. Headstart, LEARN, DCF, DSS) ☐ Y ☐ N Explain: _____

Please include any additional information that will help us understand and better provide an optimal educational program for your child: _____

Would you like to schedule an individual conference with a school counselor to discuss any information you felt you could not include on this questionnaire, or to elaborate on any information you included above?

- ☐ Yes, please contact me so we can discuss my child's program needs further
- ☐ No, I do not wish to schedule a meeting at this time

PRESCHOOL OR DAYCARE AND KINDERGARTEN EXPERIENCE

Name of Schools/Programs: _____

Dates attended: From _____ To _____

Did the teacher/daycare provider ever raise any concerns about your child's progress? ☐ Y ☐ N

Explain: _____

Were there any special services or supports that your child received in his/her preschool or daycare program? ☐ Y ☐ N Explain: _____



GRISWOLD ELEMENTARY SCHOOL EARLY EDUCATION DEVELOPMENTAL HISTORY

MEDICAL INFORMATION

Please refer to the Health Assessment Record (Annual Physical) to provide more information about your child's health.

Vision Information

Do you think your child has trouble seeing? ☐ Y ☐ N Explain: _____

Has your child ever had an eye examination? ☐ Y ☐ N If yes, when: _____

by whom: _____ Does your child wear glasses? ☐ Y ☐ N

Hearing Information

Do you think your child has any hearing problems? ☐ Y ☐ N Explain: _____

Has your child ever had a hearing test? ☐ Y ☐ N

If yes, when: _____ by whom: _____

Does your child have a history of middle ear infections/fluid? ☐ Y ☐ N

Has your child seen an ear, nose and throat doctor? ☐ Y ☐ N If yes, name of doctor: _____

Do any family members have a history of middle ear problems or a hearing loss?

☐ Y ☐ N If yes, whom: _____

Has your child been treated for any of these ear/hearing problems?

Eustachian tube dysfunction ☐ Y ☐ N when: _____

Fluid in the ears ☐ Y ☐ N when: _____

Wax build-up ☐ Y ☐ N when: _____

Ruptured eardrum ☐ Y ☐ N when: _____

Hearing loss ☐ Y ☐ N when: _____

Has your child had any of these surgical procedures?

Tonsillectomy ☐ Y ☐ N when: _____

Adenoidectomy ☐ Y ☐ N when: _____

Myringotomy with tubes ☐ Y ☐ N when: _____

Tympanoplasty (eardrum graft) ☐ Y ☐ N when: _____

Please provide more detailed information regarding your child's hearing history if necessary:



GRISWOLD ELEMENTARY SCHOOL EARLY EDUCATION DEVELOPMENTAL HISTORY

DEVELOPMENTAL HISTORY

Speech & Language

At approximately what age did your child:

begin to talk? _____ put 2 or 3 words together? _____ use sentences? _____

Does your child stutter? ☐ Y ☐ N Explain: _____

Does your child generally have difficulty expressing his/her wants and thoughts? ☐ Y ☐ N

Explain: _____

Do people outside of the family have trouble understanding your child's speech? ☐ Y ☐ N

Explain: _____

Does your child have any trouble following more than two verbal directions at one time? ☐ Y ☐ N

Explain: _____

Does your child have trouble understanding or appear to be confused by what is said to him/her? ☐ Y ☐ N

Explain: _____

Is any language other than English spoken in your home? ☐ Y ☐ N Which: _____

Does your child understand that language? ☐ Y ☐ N

Does your child speak that language? ☐ Y ☐ N

Milestones/Behavioral Characteristics

At approximately what age did your child:

crawl? _____ sit up? _____ walk? _____ toilet train? _____

Does your child nap regularly? ☐ Y ☐ N When: _____

Please indicate any concerns about your child's sleep patterns:

☐ Falling asleep ☐ sleeping through the night ☐ waking up Explain: _____

How would you categorize your child's response to separation?

☐ Easy ☐ Challenging ☐ Slow to warm up ☐ Extremely difficult

Please check any of the following adjectives that describe your child:

- | | | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Active | <input type="checkbox"/> Confident | <input type="checkbox"/> Demanding | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Clumsy | <input type="checkbox"/> Shy | <input type="checkbox"/> Dependent | <input type="checkbox"/> Very Active | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Easy Going | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Independent | <input type="checkbox"/> Curious |



GRISWOLD ELEMENTARY SCHOOL EARLY EDUCATION DEVELOPMENTAL HISTORY

Does your child know any:

colors? ☐ Y ☐ N numbers? ☐ Y ☐ N letters? ☐ Y ☐ N

Does your child like to sing songs or repeat nursery rhymes? ☐ Y ☐ N

What games/interests does your child enjoy? _____

Does your child have an opportunity to play with other children his/her own age? ☐ Y ☐ N

Describe how your child interacts with other children: _____

What are your child's strengths or greatest characteristics? _____

If there is any information about your child that you would like us to know, please describe:

Name of parent/guardian completing this form: _____

Telephone number: _____

Please contact Griswold Elementary School with any questions.

GRISWOLD ELEMENTARY SCHOOL (GES)

303 Slater Avenue, Griswold, CT 06351

Phone: 860-376-7610 | Fax: 860-376-7612

Return your completed registration forms to the Griswold Public Schools Registration Office located in the Griswold Middle School Main Office via email, fax, or in person.

Sarah Guillet, GPS Registration

SGuillet@griswoldpublicschools.org

211 Slater Avenue, Griswold, CT 06351

Fax: (860) 376-7631