

**BEECHER ROAD SCHOOL
WOODBIDGE, CONNECTICUT
DEVELOPMENTAL INVENTORY**

Student's Full Name: _____ Gender _____ DOB: _____

Thank you, in advance, for sharing this information

Please check all areas that apply to your child and explain below:

- Pregnancy complication
- Birth injury/complication
- Premature birth at ___ weeks
- Complications after birth
- Over/under active
- Poor appetite/eating problem
- Sleeping difficulty
- Tires easily
- Toileting problem

Explain: _____

DEVELOPMENTAL MILESTONES:

At what age did your child:

- Sit up alone
- Crawl
- Walk alone
- Use single words
- Use 2-4 word sentences
- Sleep through the night

Has your child been evaluated by the Birth to Three Program? _____

SELF HELP SKILLS

My child is currently able to (please check all that apply):

- button/unbutton dress/undress self (shoes, coats, mittens) zip/unzip
- use scissors thread beads Open snack bags or containers

Does your child have any developmental concerns that have required an evaluation by a specialist (speech pathologist, occupational or physical therapist, psychologist, psychiatrist etc.)? If so, please explain:

My Child's development has been similar to his/her peers: Yes No

If no, explain: _____

Do you have any concerns with your child's fine or gross motor development? Yes No

If yes, explain: _____

Do you have any concerns about your child's speech, hearing or language development?

Yes No

If yes, explain: _____

SOCIAL AND EMOTIONAL DEVELOPMENT

(Please check areas that apply to your child)

- | | | |
|---|---|--|
| <input type="checkbox"/> Cries easily | <input type="checkbox"/> Bites nails | <input type="checkbox"/> Sucks Thumb |
| <input type="checkbox"/> Angers/frustrates easily | <input type="checkbox"/> Has hard time focusing | <input type="checkbox"/> Follows directions |
| <input type="checkbox"/> Has nightmares | <input type="checkbox"/> Has temper tantrums | <input type="checkbox"/> Is impulsive |
| <input type="checkbox"/> Is moody | <input type="checkbox"/> Is aggressive | <input type="checkbox"/> Has one or more friends |
| <input type="checkbox"/> Is quiet or shy | <input type="checkbox"/> Is confident | <input type="checkbox"/> Joins group activities |
| <input type="checkbox"/> Plays easily with peers | <input type="checkbox"/> Prefers solitary play | <input type="checkbox"/> Shares easily |
| <input type="checkbox"/> Sticks to tasks | <input type="checkbox"/> Is affectionate | <input type="checkbox"/> Is fearful of making mistakes |
| <input type="checkbox"/> Usually seems happy | <input type="checkbox"/> Separates easily | <input type="checkbox"/> Tolerates changes in routine |

Comments: _____

Does your child have any fears or anxieties that may interfere with learning at school?

Is there anything you feel we should know about your child in order to help him/her make a satisfactory adjustment to school? _____

FAMILY AND HOME BACKGROUND

Is there any relevant information we should know regarding your child/family? Please include things such as recent moves, second language, job changes, death in the family, divorce, adoption/birth etc.

Other children (names and ages)

Parent/Guardian Signature _____ Date: _____

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Our Mission

Beecher Road School is a caring, creative community that models and inspires the joy of life-long learning, embraces diversity, and celebrates the unique qualities of each person