

Please return to the
school nurse

WESTPORT PUBLIC SCHOOLS

HEALTH SERVICES

Health and Developmental Questionnaire: New Student

CONFIDENTIAL

Child's Name: _____ Birth Date _____ Today's Date _____

GENERAL HEALTH (Please check all areas that apply to your child and explain below)

- | | |
|---|---|
| ☐ Pregnancy complication | ☐ Headaches |
| ☐ Birth injury/complication | ☐ Hearing problem |
| ☐ Prematurity | ☐ Hospitalization/Surgery |
| ☐ Accidents/injuries | ☐ Infection(s) |
| ☐ Allergies | ☐ Over/under active |
| ☐ Asthma | ☐ Poor appetite/eating problem |
| ☐ Bowel or bladder accidents | ☐ Seizures |
| ☐ Chronic health condition | ☐ Sleeping difficulty |
| ☐ Ear infections | ☐ Tires easily |
| ☐ Frequent colds | ☐ Vision problem |
| ☐ Growth problem | ☐ Other health concern |

Explain: _____

Does he/she have any health problems that may require special assistance or specialized health care services in school? If so, please explain:

Does your child take any medications (regularly, periodically)? Please specify:

DEVELOPMENTAL MILESTONES

My Child:	Sat up	Walked	Followed Directions	Used 2-3 word sentences	Rode bicycle
<i>(Check one)</i>					
At an early age	_____	_____	_____	_____	_____
At the expected age	_____	_____	_____	_____	_____
Later than I expected	_____	_____	_____	_____	_____

My child's development has been similar to his or her peers: ☐ Yes ☐ No
If no, explain:

Do you think your child has a speech or language problem? Yes_____ No_____

If so, explain:

Does your child have bowel or bladder accidents? ☐ Never ☐ Rarely ☐ Sometimes ☐ Often

If so, explain:

SOCIAL/EMOTIONAL DEVELOPMENT (Please check areas that apply and comment below)

- | | |
|---|---|
| ☐ Bites nails | ☐ Is moody |
| ☐ Cries easily | ☐ Is quiet/shy |
| ☐ Daydreams | ☐ Joins group activities |
| ☐ Gets angry easily | ☐ Plays easily with peers |
| ☐ Has a hard time focusing | ☐ Prefers solitary play/time |
| ☐ Has one or more good friends | ☐ Shares easily |
| ☐ Has nightmares | ☐ Sticks to tasks |
| ☐ Has temper tantrums | ☐ Sucks thumb |
| ☐ Is confident | ☐ Tolerates changes in routine |
| ☐ Is impulsive | ☐ Usually seems happy |

Comment:_____

Does he/she 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 or her make a satisfactory adjustment to school? If so, please note it here or contact the school nurse, psychologist or counselor.

Have there been any significant changes in your household recently or in the past?

Other children (names & ages):_____

Parent/guardian signature

Date

(received by) school nurse

Date