

Lookout Mountain Preschool

Developmental Questionnaire

It will be most helpful to the preschool teacher to know as much about your child's home background and social and emotional growth as possible. We would appreciate your taking a few minutes to fill in the following questionnaire.

Family and Social History:

Date: _____

Child's Name _____ Sex ___M___F Birth Date _____

Mother (or Guardian) _____ Age _____

Father (or Guardian) _____ Age _____

Marital Status of Parents:

Married _____
(How Long?)

Stepfather _____
(How Long?)

If Child is Adopted:

Separated _____
(How Long?)

Stepmother _____
(How Long?)

Age at Adoption _____

Divorced _____
(How Long?)

Does child know? _____

Remarks _____

Custody/Visiting arrangements _____

Siblings:

Name _____ Date of Birth _____ Grade in school _____

Name _____ Date of Birth _____ Grade in school _____

Name _____ Date of Birth _____ Grade in school _____

Other members of the household: (include relationship and age) _____

New baby expected? ___Y___N___ When? _____

Who has cared for child other than his parents? (include relationship and age) _____

Has child had group play experience? ___Y___N___ Where? _____

Does child have neighborhood playmates? Specify _____

Is child right or left handed? ? ___R___L ___

What time does child usually go to bed at night? _____ Awaken? _____

Does he/she sleep well? ? ___Y___N

Are you concerned about any of the following? (Yes or No)

Temper tantrums ___Y___N _____ Fears ___Y___N _____

Timidity ___Y___N _____ Aggressiveness ___Y___N _____

Nervous habits ___Y___N _____ Reaction to Authority ___Y___N _____

Comments: _____

What are child's favorite:

Indoor activities _____

Outdoor activities _____

How do you feel your child gets along with other children? _____

Does your child prefer to play alone or with other children? _____

Has your child received lessons or other group experiences, i.e. Preschool, Music, Dancing or Art lessons, etc.?

How do you hope your child will benefit from Preschool? _____

Does your child have any special fears that you are aware of? _____

Does your child have any speech problems? _____

Does your child have any other problems that we should be aware of? _____

What method of behavior control is used in your home? _____

What is the child's usual reaction? _____

How would you describe your child's personality _____

Health History of Child:

What past illnesses has your child had? At what age?

Chicken Pox _____ Scarlet Fever _____ Diabetes _____

Mumps _____ Measles _____ Hepatitis _____

Other _____

Does child have frequent colds? Explain? _____

Tonsillitis _____ Ear Aches _____ Stomach Aches _____

Does he/she run high fevers easily? ___Y___N _____

Has he/she had any serious accidents? Explain: _____

Is child allergic? ___Y___N ___ If so, how does it usually manifest itself?

Asthma _____ Hay Fever _____ Hives _____ Other _____

Do you know what the allergy is caused by? _____

Has the child ever been to a dentist? ___Y___N ___ Has his/her vision been tested? ___Y___N _____

Hearing tested? ___Y___N _____ Does he/she wear corrective shoes? ___Y___N ___

Please give a statement of your evaluation of your child's overall health? _____