



Bright Path

The best start in life

Preschool Developmental History

Today's Date _____ Child's Full Name _____
Date of Birth _____ Nickname _____ Gender: M F

Health

Is your child currently taking any medications? Yes No

If so, why? _____

Any allergies? _____

Does your child tire easily? Yes No Is your child easily excitable? Yes No

How does your child indicate that he/she needs to use the bathroom? _____

Sleep Habits

Average hours per naptime: _____ Per night: _____
(All preschoolers are required to rest quietly on their cots for a minimum of 45 minutes each afternoon.)

Comments:

Social and Emotional Background

What previous group experience has your child had and what were his/her reactions?

Do you any concerns regarding your child's behavior? _____

What types of discipline/redirection have you found to be most effective with your child? _____

How does your child get along with other children? _____

Does your child find it difficult to share possessions with others? Yes No

Is your child typically more comfortable with adults or with other children? _____

Does anyone help you to take care of your child on a regular basis? Yes No

If so, who? _____

How does your child react to new people and situations? _____

Please describe any fears or anxieties your child has: _____

How do you handle or prevent them? _____

What kinds of things can your child do by him/herself? (Include feeding, dressing, washing hands, using the toilet, tying shoes, etc.) _____

Is your child right-or left-handed, or undecided? _____

Circle the word(s) which best describe your child:

Confident Anxious Leader Fearful Responsible Cooperative

Insecure Self-reliant Follower Curious Fearless Loving

Please describe your child's siblings, including age and gender: _____

Please describe your child's regular playmates, including age and gender: _____

How much time does your child spend alone each day (excluding TV watching)? _____

How much time does your child spend outdoors on nice days? _____

In what situations might your child need the most help? _____

What is the primary language(s) spoken in your home? _____

Special Interests

What are your child's special interests or abilities? _____

Is your child interested in books? _____

What subject(s) does he/she ask questions about? _____

About how much time does your child spend watching TV? _____

What types of play materials hold his/her attention the longest?

Indoors _____ Outdoors _____

Does child have good or poor relationship with pets? _____

Please describe the name(s) and type(s) of pets in the home: _____

Additional Information:
