

Penny Lane East
PO Box 7491
106 N. Pete Ellis. Dr.
Bloomington, IN 47408
(P) 812-339-3800
(F) 812-961-0053



Penny Lane West
PO Box 68
1920 S Yost Ave.
Bloomington, IN 47403
(P) 812-339-8558
(F) 812-339-6675

Child Development Information

Child's Name: _____ Nickname (if any): _____

Child's Date of Birth: _____ Language(s) spoken at home: _____

Parent Perspectives

Parent / Guardian(s): _____

List 5 words that describe his/her personality	What motivates your child?
What upsets your child?	List three goals you have for your child this year.



Child's Name: _____ Date of Birth: _____

<i>Social / Emotional Development:</i> <ul style="list-style-type: none">○ Gets along well with other children and adults○ Developing positive relationships with others○ Respecting and helping others○ Playing and working cooperatively○ Follows classroom rules	<i>Cognitive Development:</i> <ul style="list-style-type: none">○ Pretend plays with dolls, animals, people○ Sorts objects by shape and color○ Completes puzzles○ Conflict resolution with single point of view○ Follows 3-point commands○ Understands the concepts of "same" and "different"
<i>Physical Development:</i> <ul style="list-style-type: none">○ Demonstrates basic locomotor skills○ Shows balance during movement○ Climbs○ Demonstrates pedaling and steering○ Demonstrates throwing, kicking, and catching skills	<i>Language Development:</i> <ul style="list-style-type: none">○ Oral language skills○ Conversations with others○ Proficiency in language○ Letter/ print awareness○ Receptive communication

Please answer the following questions regarding your child's development.

1.) How does your child get along with siblings and/or peers?

2.) How does your child react when disciplining or when things do not go their way?

3.) Does your child play primarily by him/herself?

4.) Does your child follow verbal commands? _____

5.) When your child needs something, how does s/he let you know?

6.) Do you consider your child's physical development to be age-appropriate? _____

7.) Do you consider your child to be more or less active than other children their age? _____

8.) Can your child answer questions with verbal and nonverbal cues? _____

9.) Does your child show interest in books? _____

If so, what is their favorite book(s)?

Penny Lane East
PO Box 7491
106 N. Pete Ellis. Dr.
Bloomington, IN 47408
(P) 812-339-3800
(F) 812-961-0053



Penny Lane West
PO Box 68
1920 S Yost Ave.
Bloomington, IN 47403
(P) 812-339-8558
(F) 812-339-6675

10.) Name some of your child's favorite foods:

11.) Does your child have any sleeping problems? _____

12.) Does your child have any fears? _____

13.) Is your child potty-trained? _____

14.) Does your child have any issues that we should be aware of?

Please complete the information below.



Child's Name: _____ Date of Birth: _____

My family identifies as:

White Asian African American American Indian Native Hawaiian
 Other

I am proud of my cultural heritage. Let me tell you a little bit about it.

I was named _____ because _____

Some of my family's favorite foods are:

Some of my family's favorite music / songs include:

Some holidays / special days we celebrate are:

Here is some other information I would like to share about my family.
