

**Rye Playschool
Developmental History**

Your time and thoughtfulness in answering these questions is greatly appreciated. Your responses help us to know and understand your child. All information is kept confidential.

Child History

Child's Full Name _____ Birthdate: _____ Sex: _____
Nickname: _____ Telephone: _____
Home Address: _____
Father's Name _____ Mother's Name _____
Father's Business Address & Co. Name _____ Telephone# _____
Mother's Business Address & Co. Name _____ Telephone# _____
Do both parents live at home address? _____ If not, please explain:

Health History

Does your child have any allergies? Please specify type, severity, duration, treatment.

Are there any implications for school activities, either indoor or outdoor?

Does your child have any ongoing health situations? (croup, anemia, asthma, eczema, bronchitis, etc)

Does your child take any medication regularly? Are there side effects?

Has your child ever had surgery, including minor surgery such as tubes placed in ears?

Describe any other health factors that you feel would be helpful for us to know about.

Home and Family

Brother and Sisters

Name	Age	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe your child's relationship(s) with other children in the family:

Is a baby expected? If so, when? Does your child know?

Are others (besides siblings) living in your household? _____

Important others in your child's life? (grandparents, aunts, housekeeper, nanny)

Has there ever been a serious illness or death in the family since the child's birth?

How old was your child at the time? _____

What was he/she told: _____

How did your child react? _____

What are your child's special interests? _____

Does your child watch t.v.? _____

Which programs? _____

Can your child spend time by him/herself? _____

Has your child ever attended another drop off nursery school or daycare program?

At what age: _____

Please describe the experience: _____

About Your Child

Does your child have a social transitional object such as a blanket, stuffed animal, etc?

Does your child suck his/her thumb? _____

Does your child still use a bottle? _____

At what age did your child sit up? _____ Crawl? _____ Walk? _____

Describe your child's physical coordination: _____

Describe your child's language ability? _____

Is your child exposed to more than one language? _____

If so, which language(s)? _____

Describe your child's appetite: _____

Does your child enjoy eating? _____

What are mealtimes like? _____

Can your child dress him/herself? _____

Is your child potty trained? _____

Does your child nap? _____ How long? _____

About what time does your child go to bed? _____ What time does he/she awake? _____

Is bedtime easy or difficult? _____

About Separation

Has your child spent time with both parents away? _____

Briefly describe your child's reaction to your absences: _____

How do you anticipate your child will react to staying at school without you? _____

What kinds of situations do you find difficult to handle with your child or regarding your child's behavior?

What kinds of management /discipline strategies seem to work best? _____

What does he/she love to do? _____

What do you expect to get out of his/her experience here at The Rye Playschool? _____

Please use the space below to add any comments, concerns or other information that may help us to get to know your child. If there is anything that you would like to discuss in person, please speak with your child's teacher directly. Thank you for your cooperation in this matter.