

**Brookline School District
Child Developmental History**

Please respond to all questions as fully as possible to help us to get a better picture of your child, so that we can best meet your child's needs.

Today's Date: _____ Name of Person Completing Form: _____

Previous school (Preschool/or Child Care Facility): _____

Relationship to child: _____

1. Child's Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

Place of Birth: _____

Adopted (if so, give date) _____ Does your child know he/she is adopted? ____

Foster child (if so, give date) _____ Does your child know he/she is a foster child? ____

2. Father's Name: _____ Occupation: _____

Place of Employment: _____ Cell Phone or work phone: _____

3. Mother's Name: _____ Occupation: _____

Place of Employment: _____ Cell Phone or work phone: _____

4. Are parents: Married: ____ Divorced: ____ Separated: ____ Widowed: ____ Remarried: ____

Child lives with: Both ____ Mother only: ____ Father only: ____ Other specify: ____

5. Child's household includes (please list all members of household)

Name	Age	Relationship

6. Language (s) spoken in the house: _____

7. Developmental History

a. Child's birth was: Full term: _____ Premature: _____

Please describe any prenatal complications: _____

b. Developmental milestones (note ages and anything unusual)

1. Sat without support: _____

2. Walked alone: _____

3. Spoke first word: _____

4. Used single words: _____

5. Spoke in full sentences: _____

6. Toilet trained: Day _____ Night _____

7. Other: _____

c. Health History: (Check any areas that apply to your child and comment)

a. Frequent colds: _____ b. Birth Injuries: _____

c. Toileting issues/assistance: _____

d. Frequent Headaches: _____ e. Fear of loud noises: _____

f. Hearing problems: _____ g. Vision problems: _____

h. Allergies (Asthma, eczema) _____ i. Poor appetite: _____

j. Medications: Which? _____ For what? _____

k. Has your child had any major illnesses, surgeries or hospitalizations? Please describe.

l. Describe any physical difficulties or limitations (eyes, ears, other): _____

m. Is there a history of any illness in your family which may affect your child's normal development?

n. Has your child had any assessment by a specialist, such as a psychologist, educator, or medical doctor?

When or Where: _____

Results: _____

o. Has your child ever been placed in a program for children with special needs: _____

Please describe: _____

8. Current Status

a. Please mark an **X** on **motor skills** your child has acquired:

Runs _____ Skips _____ Balances on one foot _____ Hops _____ Climb stairs _____

Rides tricycle _____ Throws Ball _____ Catches Ball _____ Uses Crayons/pencils _____

Writes name _____ Uses Scissors _____ Uses spoon/fork _____ Dresses self _____

Buttons _____ Zips _____

Child has developed right handedness _____ left handedness _____

b. Please mark an **X** on **language/ cognitive skills** your child has acquired:

Knows birth date _____ Knows Telephone number _____ Recognizes shapes _____

Knows colors _____ Sings/says alphabet _____ Counts to 10 _____ Builds with blocks _____

Enjoys stories _____ Follows Directions _____ Points to pictures in book (s) _____

Follows two- step directions: _____

c. Describe your child's **Behavioral Development**:

1. Describe in detail your child's behavior with peers (shy, uncertain, confident, enthusiastic, dependent, joins groups, etc.) _____

2. What are your child's special interests? _____

3. What kind of play activities does your child enjoy? _____

4. How long is your child able to play with others without adult intervention? _____

5. What age level does your child prefer in playmates (younger, same age or older): _____

6. Does your child tantrum? _____ Under what circumstances? _____

7. How much time per day does your child have screen time (TV, electronic devices)? _____

8. Does your child show imagination? _____
Story telling _____ Drawing _____ Building and making things _____

9. Does your child show curiosity? _____

10. Does your child have any special styles or ways of communicating his/her feelings?
How do you know he/she is angry, sad, etc? _____

11. How do you engage your child's cooperation? What works? _____

12. Have there been any significant experiences in your child's life of which the school should be aware? (E.g. moves, illness, deaths, fears)

Thank you for the information.

