



Kindergarten Developmental History

Name of Child: _____ Date of Birth _____

Parent(s) Guardian Name(s) _____

Phone Number (home) _____ (cell) _____

Names of Brothers and ages _____

Names of Sisters and ages _____

Do you have any concerns regarding your child's speech, motor skills ____ Yes ____ No

If yes, explain _____

Other adults living in the home:

____ Grandfather ____ Grandmother ____ Uncle ____ Aunt ____ Cousins ____ Other

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**Preschool Experience:** Did your child attend preschool or daycare within the last calendar year or attend currently? \_\_\_\_ Yes \_\_\_\_ No

If yes, please check which applies in the last calendar year:

\_\_\_\_ Attended Full Time (6 hours or more a day and 5 days a week)

\_\_\_\_ Attended Part Time (less than 6 hours a day and/or less than 5 days a week)

Name of Preschool/Daycare \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_

*I \_\_\_\_\_, give permission for Windham Academy Public Charter School to contact my child's preschool teacher to gather relevant information.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

If no, how often does your child participate in activities with other children his/her age?

\_\_\_\_ Daily \_\_\_\_ Weekly \_\_\_\_ Monthly \_\_\_\_ Never

Is your child taking part in activities such as a favorite hobby or sport? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_



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**To help us best get a “glimpse” of where your child is in regards to different developmental behaviors, please complete the following survey by circling the number that best describes your child using the following scale:**

**1= never, 2= rarely, 3= sometimes, 4= often/always**

Comments:

|                                                            |   |   |   |   |
|------------------------------------------------------------|---|---|---|---|
| Plays well with other children                             | 1 | 2 | 3 | 4 |
| Uses the bathroom independently                            | 1 | 2 | 3 | 4 |
| Has toileting accidents                                    | 1 | 2 | 3 | 4 |
| Energetic, but not overly active                           | 1 | 2 | 3 | 4 |
| Focuses well, not distractible                             | 1 | 2 | 3 | 4 |
| Makes transitions easily                                   | 1 | 2 | 3 | 4 |
| Shares easily, cooperates                                  | 1 | 2 | 3 | 4 |
| Is friendly, interacts positively                          | 1 | 2 | 3 | 4 |
| Is confident (asks for help)                               | 1 | 2 | 3 | 4 |
| Expresses feelings                                         | 1 | 2 | 3 | 4 |
| Leaves tasks/activities unfinished                         | 1 | 2 | 3 | 4 |
| Enjoys playing alone                                       | 1 | 2 | 3 | 4 |
| Tends to worry easily                                      | 1 | 2 | 3 | 4 |
| Makes friends easily                                       | 1 | 2 | 3 | 4 |
| Follows rules/directions                                   | 1 | 2 | 3 | 4 |
| Acts out physically<br>(hits, bites, spits, throws things) | 1 | 2 | 3 | 4 |
| Acts out verbally<br>(yells, argues, swears)               | 1 | 2 | 3 | 4 |