



CHILD DEVELOPMENT FORM

Child's Name: _____ Nickname: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: M F Date of Birth: _____

This form was filled out by: _____ (include name and relationship to child)

SELF – HELP DEVELOPMENT	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	COMMENTS
Takes care of toileting needs independently				
Wets or soils pants				
Wets bed				
Gets dressed without help				
Puts shoes on correct feet				
Washes/dries hands when needed				
Washes self in bath or shower				

SELF – HELP DEVELOPMENT	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	COMMENTS
Spills food/drink when eating				
When asked, puts toys away				
Brushes teeth without help				
Brushes hair w/out being asked				
Blows/wipes nose without help				
Wakes up & needs help going back to sleep				
Uses eating utensils correctly				
Pours from can/carton without spilling				
Is able to follow safety rules (stays away from fireplace or hot oven, etc.)				

SOCIAL – EMOTIONAL DEVELOPMENT	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	COMMENTS
Argues when denied his/her own way				
Smiles/laughs when something is funny				
Breaks objects/toys on purpose				

SOCIAL – EMOTIONAL DEVELOPMENT	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	COMMENTS
Interrupts				
Goes to bed easily				
Admits when he/she makes a mistake				
Whines or pouts				
Blames others when bad things happen				
Acts sad or withdrawn				
Clings or hangs on to parent				
Has tantrums (screams, cries excessively or stomps feet)				
Wanders away from parent in public places				
Falls and hurts self				
Is afraid of many things				
Shows concern for someone who is crying				
Hurts others (hits, bites, punches, kicks, etc.)				
Bangs head on floor, wall or bed				

SOCIAL – EMOTIONAL DEVELOPMENT	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	COMMENTS
Ask before using other people's things				
Knows when people are happy/sad				
Plays well with other children				
Shows pride when doing something well				
Gives up easily				
Makes transitions easily (from one activity to the next)				
Is restless or has difficulty sitting still				
Stays calm when things do not go as planned				

PHYSICAL DEVELOPMENT	YES	NO	DON'T KNOW	COMMENTS
Does your child prefer right hand?				
Does your child prefer left hand?				
Does your child prefer both hands?				

GENERAL BEHAVIOR	YES	NO	DON'T KNOW	COMMENTS
Is your child very quiet?				
Does your child: a. cry easily?				
b. often have temper tantrums?				
c. have any fears? If so, please explain:				
Does your child have an attention span of at least 15 minutes when he/she: a. listens to a story?				
b. colors?				
c. plays with toys independently?				
d. plays with toys with friends?				
Does your child usually follow directions?				
Can your child be left with a caregiver without becoming upset?				
Does your child have: a. difficulty eating?				
b. difficulty sleeping?				
Is your child able to play cooperatively with others?				

SPEECH/LANGUAGE DEVELOPMENT	YES	NO	DON'T KNOW	COMMENTS
Does your child follow 2-3 step directions? (i.e. "Pick up your toys and put them where they belong.")				
Does your child answer simple questions? (who, what, where, how, why)				
Does your child speak in 4-8 word sentences?				
Is your child able to exchange information and ask questions?				
Is your child: a. able to say most sounds correctly?				
b. understood by others?				
c. able to speak to other adults and children with ease?				
Has your child had: a. frequent ear infections?				
b. P.E. tubes				
c. a hearing loss?				
Does your child often repeat sounds or words (stutter)?				
Did your child speak later than other children you know?				

GENERAL INFORMATION	YES	NO	DON'T KNOW	COMMENTS
Has your child experienced long term separation from you or family members? If so, please explain:				
Has your child ever had a traumatic experience? If so, Please explain:				
Did your child attend daycare last year? If yes, where: _____				
Did your child attend pre-school last year? If yes, where: _____				

Please share information regarding your child and his/her needs and learning styles. This can be helpful in making classroom assignments. **Please be advised that we will not accept a request for a specific teacher by name, nor will we accept requests that your child be placed with specific friends.**
