

The School For Early Excellence



56 Middlesex Turnpike, Suite 225, Burlington, MA 01803 | 781.605.8230

Preschool Developmental History 20__-20__

Child's Name _____ Date of Birth _____

Preferred Nickname _____

Age at time of admission: _____

Family Information

Language(s) spoken at home _____

Does your child have siblings? What age? _____

Developmental History

Any complications during pregnancy/birth? _____

Approximate age child began:

sitting _____ crawling _____ walking _____ talking _____

Any speech difficulties? _____

Any special words to describe needs? _____

Health Information

Any serious illnesses? _____

Any regular medications? _____

Any special physical condition or disability? _____

Allergy Information

Please record any evidence of food reactions, medicine allergies, problems with asthma, hay fever, etc. _____

Eating Habits

Any eating difficulties? _____

Are any foods refused? _____

Favorite foods _____

Toileting Habits

How does your child express the need to use the bathroom? _____

Is your child fully potty trained? _____

Does your child have accidents? _____

Does your child wear diapers/pull-ups? _____

Is your child ever reluctant to use the bathroom? _____

Sleep Habits

Does your child nap during the day? _____

 If so, when and how long? _____

Are there any sleep time routines? _____

What time does your child go to bed at night? _____ get up in the morning? _____

Social Strengths

Please describe your child’s personality: _____

Please describe your child’s play style: _____

Favorite Activities: _____

Any fears? _____

Does your child have separation anxiety? _____

 If so, please describe the best way for staff to comfort your child _____

Does your child prefer to play alone or with peers? _____

Has your child had previous experience with children outside of the home? _____

What is the method of behavior management used at home? _____

Please describe your child's schedule on a typical day _____

What do you hope for your child to gain from his or her experience at The School For Early Excellence? _____

Please use the following space to let us know pertinent information about your child that might not have been covered in this packet: _____

Parent/Guardian Signature _____

Printed Name _____

Date _____