Kindergarten – Grade 3 Student's Development History Questionnaire

School (please circle): Armstrong Fales Hastings

Please complete all areas that are applicable to your child.

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First Name	Middle Name	La	st Name	
Nickname_		\square Male \square Fe	emale	
Home Address Street			A	pt
City	State	Zip		
Phone ()	Date of	Birth		
Child's City & Country of Birth?				
What language(s) is spoken in the hor	ne?			
□English □English and (spe	cify)	□Ot	ther (specify)	
Who is completing this questionnaire Family Information	? □Mother □Guardian	□ Father □ Caregiver	☐ Other Relative (s☐ Other (specify	pecify)
Father, Mother, Guardian Name				
Home Address Street				
(If different from student) City				
Phone ()	E-mail _			
Occupation	Work # ()		Cell/Pager # (_	_)
Father, Mother, Guardian Name				
Home Address Street				Apt
(If different from student) City		State	Ziţ)
Phone ()	E-mail _			
Occupation	Work # ()		Cell/Pager # (_)
Other Family Information				
With whom does the child reside?]Mother □Fath	ner □Both □	Guardian □Other	specify
Parents,Guardians are: ☐ Married	□ Separa	ted (date)	Divorced (date	_) □Widowed (date)
☐ Military ☐ Decea	sed \square	Unavailable		

Age Grade School	Siblings	_					
School/Childcare History Has your child attended school/childcare before?	Name/Relationship to Student	Age	Grade		School		
School/Childcare History Has your child attended school/childcare before?							
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School/Childcare History Has your child attended school/childcare before?							
Has your child attended school/childcare before? Yes	Others living in the home (name and relations)	hip):					
Has your child attended school/childcare before? Yes							
Name of School/Provider # Years Attended # Days/Week AM/PM Has your child ever been screened or evaluated in the following areas: Speech and Language Fine/Gross Motor Social/Emotional Academic			- ,				
Has your child ever been screened or evaluated in the following areas: Speech and Language Fine/Gross Motor Social/Emotional Academic Where? Date	Has your child attended school/childcare before	re? □Y	res l	⊒No			
Speech and Language	Name of School/Provider			# Years	Attended	# Days/Week	AM/PM
Speech and Language							
Speech and Language							
Speech and Language							
Where? Date	Has your child ever been screened or evaluate	d in the follo	wing area	ts:			
Has your child ever received Early Intervention services in the following areas: Speech and Language Fine/Gross Motor Counseling Social/Emotional Academic Where? Date Is your child currently on an IEP (Individual Educational Plan)? Yes No Is your child currently on a 504 Plan? Yes No Developmental Information Does your child listen to stories read to him/her? Does your child turn the pages of book and look at pictures?	☐ Speech and Language ☐ Fine/Gross	s Motor	☐Social/E	motional	□Acade	mic	
□Speech and Language□Fine/Gross Motor □Counseling □Social/Emotional □Academic Where? Date Is your child currently on an IEP (Individual Educational Plan)? □Yes □No Is your child currently on a 504 Plan? □Yes □No Developmental Information Does your child listen to stories read to him/her? Does your child turn the pages of book and look at pictures?	Where?				Date		
Where? Date	Has your child ever received Early Intervention	on services in	the follo	wing area	as:		
Is your child currently on an IEP (Individual Educational Plan)? Yes No Developmental Information Does your child listen to stories read to him/her? Does your child turn the pages of book and look at pictures?	☐ Speech and Language ☐ Fine/Gross Motor	□Counse	eling 🗆	Social/Er	notional [□Academic	
Is your child currently on an IEP (Individual Educational Plan)? Yes No Developmental Information Does your child listen to stories read to him/her? Does your child turn the pages of book and look at pictures?							
Developmental Information Does your child listen to stories read to him/her? Does your child turn the pages of book and look at pictures?	Is your child currently on an IEP (Individual E	Educational F	Plan)?	Yes □]			
Does your child listen to stories read to him/her?	Is your child currently on a 504 Plan? □Yes □No						
Does your child turn the pages of book and look at pictures?	Developmental Information						
	Does your child listen to stories read to him/ho	er?					
Does your child recall and retell stories or events?	Does your child turn the pages of book and loo	ok at pictures	s?				
	Does your child recall and retell stories or eve	ents?					
Does he/she follow simple, 2-step directions?	Does he/she follow simple, 2-step directions?						
Can your child express his/her thoughts and needs easily?	Can your child express his/her thoughts and no	eeds easily?					
What are your child's favorite activities? (toys, books, games, classes, etc.)							
How many hours a day does your child spend watching TV/video games?							
Favorite shows ?							

Does he/she sit very close to the TV? Does he/she turn the volume up very high?	
Does he/she use crayons or markers to scribble or draw?	
Hand preference: □Right □Left Explain (if necessary):	
Does he/she play with blocks, Lego's, or other construction toys without help?	
What opportunities does your child have to play with other children?	
Does your child talk with friends or relatives who come to visit?	
Does he/she enjoy playing alone? Does he/she have an imaginary friend?	
Will your child stay with a babysitter?	
Is your child: highly active moderately active wery quiet	
Please explain:	
Can your child: □tie □zip □button □dress self □care for own toileting needs	
Please share any information about your child's sleeping patterns, eating habits, social/ behavioral style, learning fears, etc.	style, —
Do you have any concerns or comments about your child's transition to school?	
FOR OFFICE USE ONLY: □Birth Certificate □Health Records □Parent Proof of Residence	