

CONFIDENTIAL: KINDERGARTEN DEVELOPMENTAL INFORMATION

Name of Child _____ Sex _____ Birth Date _____

Child likes to be called _____

Address _____ Home Phone # _____

Mother's Full Name _____ Father's Full Name _____

Dominant language spoken at home _____ Others _____

Has the child had any previous school experience? _____

If yes, when and where? _____

How many times has your child moved? _____ Child's Birth Weight _____

- | | Left | Right |
|---|------|-------|
| 1. Which hand does your child prefer? | | |
| 2. Has your child learned to ride a tricycle? | Yes | No |
| 3. Does your child climb the stairs using alternate feet? | Yes | No |
| 4. Does your child dress him/herself? | Yes | No |
| 5. Does your child have difficulty buttoning or zipping his/her coat? | Yes | No |
| 6. Is your child able to throw or catch a ball? | Yes | No |
| 7. Is he/she able to play alone? | Yes | No |
| 8. Does he/she like to play with other kids? | Yes | No |
| 9. Does your child cry easily? | Yes | No |
| 10. Is your child excessively active? | Yes | No |
| 11. Is your child toilet trained? | Yes | No |
| 12. Do you have a concern about your child's speech? | Yes | No |
| 13. Has he/she had frequent ear infections? | Yes | No |
| 14. Were you at all worried about your child's health when he/she was born? | Yes | No |
| 15. Did your child speak later than other children you know? | Yes | No |
| 16. How many children are there in the family? Please list their names and birth dates. | | |

Signature of Parent or Guardian
