



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? \_\_\_ 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

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Extra-Curricular Activities:

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



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If yes, please explain: _____

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:

Never Rarely Sometimes Often/
Always

Plays well with other children

Comments:

Uses the bathroom independently

Has toileting accidents

Energetic, but not overly active

Focuses well, not distractible

Makes transitions easily

Shares easily, cooperates

Is friendly, interacts positively

Is confident (asks for help)

Expresses feelings

Leaves tasks/activities unfinished

Enjoys playing alone

Tends to worry easily

Makes friends easily

Follows rules/directions

Acts out physically
(hits, bites, spits, throws things)

Acts out verbally
(yells, argues, swears)