



Our Lady of Mount Carmel School

530 Hot Springs Road
Santa Barbara, CA 93108-2098
(805) 969-5965

2016-17 Pre-Kindergarten Program *Child's Developmental History*

Date: _____

Child's Name: _____
First Middle Last

Name Used, If Other Than Above: _____

1. Development in Early Childhood

When did your child walk? _____

When did your child talk? _____

Does your child have bladder control? _____

Child's terminology: _____

Does your child have bowel control? _____

Child's terminology: _____

Does your child need help when going to the bathroom? _____

Does your child need reminding about going to the bathroom? _____

Does your child usually take a nap? _____

At what time? _____

Describe any special needs, handicaps, or health problems: _____

Does your child have any difficulty saying what he/she wants or do you have any trouble understanding his/her speech? _____

2. Eating Habits

What is your child's general attitude toward eating? _____

What types of food does your child especially like? _____

What type of snack is appropriate for your child? _____

What does your child usually drink? _____

For which meal is your child most hungry? _____

Does the child feed himself/herself entirely? _____

Does your child dislike any food in particular? _____

Is your child on a special diet? _____

Does your child eat or chew things that are not food? Explain. _____

Do you have any concerns about your child's eating habits? Explain. _____

Is there any food your child should not eat for medical, religious, or personal reasons? _____

3. Play and Social Experiences

Has your child participated in any group experiences? _____

Where? _____

Did your child enjoy it? _____

Does your child visit with other playmates? _____

How does your child relate to other children? _____

Does your child prefer to play alone? _____ With other children? _____

Does your child worry a lot or is he/she afraid of anything? _____

What causes worry or fear? _____

Does your child have any imaginary playmates? _____ Explain. _____

Does your child have any pets? _____

What are your child's favorite toys and/or activities? _____

How long does your child watch TV each day? _____

What are your child's favorite books? _____

4. Discipline

In most circumstances, do you consider your child easily managed, fairly easy to manage, or difficult to manage? _____

What concerns do you presently have about your child? _____

How are these concerns dealt with? _____

5. Parent's Impression and Attitude

From your point of view, what were the events which seemed to have had the greatest impact on your child (moving, births, deaths, severe illness of a family member, divorce)? _____

How would you describe your child at the present time? What changes have you seen in your child during the past year? _____

Does your child have any behavioral characteristics which you hope will change? Please describe. _____

Are there any particular themes your child might be interested in learning about this school year? _____

In what ways would you like to see your child develop during the school year? _____

Form Completed By: _____

Parent Signature

(Day) Telephone Number: _____