

Did your baby stay longer than you in the hospital? Circle One: Yes No

If yes, please explain: _____

Does your child have any allergies to medications? Circle One: Yes No

If yes, please explain medication and reaction: _____

Does your child have any additional allergies? Circle One: Yes No

If yes, please explain: _____

Has your child ever been in to the hospital or seriously ill at home? Circle One: Yes No

If yes, please explain: _____

During infancy, please circle those which apply to your child:

Alert	Slept well	Easy to care for
Cried often	Feeding problems	Difficult to care for

Has your child ever had an eye or ear examination or treatment? Circle One: Yes No

If yes, please explain: _____

DEVELOPMENT HISTORY

At approximately what age did your child first:

Sit alone: _____ Crawl: _____ Walk alone: _____
Speak single words: _____ Speak phrases: _____ Speak sentences: _____
Hold own cup: _____ Feed self: _____

When was your child toilet trained?

Day _____
Night _____

Please answer the following questions (please circle answer):

1. Can your child be left alone with a baby-sitter without a big fuss? YES NO
2. Does your child have:
 - a. Problems with eating? YES NO
 - b. Problems with sleeping? YES NO

3. Is your child...
- | | | |
|-----------------------------|-----|----|
| a. Highly active? | YES | NO |
| b. Very quiet? | YES | NO |
| c. Generally a happy child? | YES | NO |
| d. Unusually shy? | YES | NO |

4. Does your child:
- | | | |
|--------------------------------------|-------|----|
| a. Cry very easily? | YES | NO |
| b. Often have temper tantrums? | YES | NO |
| c. Usually follow directions? | YES | NO |
| d. Have a very short attention span? | YES | NO |
| e. Additional comments: | _____ | |

5. Is your child...
- | | | |
|---|-------|----|
| a. Able to speak most sounds correctly? | YES | NO |
| b. Easily understood by other adults? | YES | NO |
| c. Hesitant to speak with other adults? | YES | NO |
| d. Additional comments: | _____ | |

6. List your child's favorite playtime activities: _____

7. Opportunity to interact with adults other than family:

FREQUENT	OCCASIONAL	INFREQUENT
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8. Able to interact with adults? YES NO

9. Opportunity to play with children outside of family members:

FREQUENT	OCCASIONAL	INFREQUENT
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10. Able to interact with other children? YES NO

11. What words would you use to describe your child? _____

12. Is there anything further you wish to mention about your child? _____

13. Previous nursery school experience: _____

Report completed by: _____ Relationship to Child: _____

Signature: _____ Date: _____