

Introducing My Child: A Developmental History

St. Matthew's Lutheran Day School " 12351 All Saints Place " Woodbridge, VA

Child's name: _____ Birthdate: _____ Today's date _____

Nickname: _____ Name you want child to learn to recognize/print _____

Father's name: _____ Occupation: _____

Mother's name: _____ Occupation: _____

Was your child full term? _____ Was there unusual trauma at birth? _____

Has your child had any significant hospital stays or persistent medical treatment? _____ If yes, please describe

At the present time, do you have any particular concerns about your child's development (i.e. speech, motor development, etc.) _____ Please describe _____

Is he/she receiving any special services? _____ Will that teacher/therapist be working with your child at St. Matthew's? _____

Will the teacher need to make any modifications in the environment to accommodate your child's physical limitations, developmental or behavioral characteristics? _____ If yes, describe _____

(Please contact the director if you have any concerns - 703-494-3090, or at mcdeadman@gmail.com)

Do you restrict your child's diet in any way? _____

Give the names and ages of other children in the family: _____

Are languages other than English spoken at home? _____ If yes, which? _____

Does your child understand what is said to him in English? _____ Is her speech clear to others? _____

Has your child learned to say nursery rhymes? _____ to sing songs? _____

Does your child enjoy listening to stories? _____ looking at books? _____

Do you limit your child's TV viewing or computer use in any way? Describe: _____

Is your child independent in their toileting (Expressing their need to go? Wiping self? Re-dressing self?) If no, please describe. _____

What words does he/she use when needing to use the bathroom? _____

Describe your child's sleeping habits (# naps, bedtime, hours of sleep / night) _____

Does your child have any fears we should be aware of? _____

What are your child's favorite activities: Indoors? _____

Outdoors? _____

What does your child enjoy doing with his/her mother? _____

What does your child enjoy doing with his/her father? _____

Does your child play well independently? _____

Does your child usually play (check those that apply): alone? _____ with younger children? _____

older children? _____ children his/her own age? _____ brothers/sisters? _____

Does your child accept correction easily? _____ Does your child transition easily from one activity to another? _____

How do you handle inappropriate behavior? _____

Circle items that describe your child:

happy	active	friendly	obedient	aggressive
cooperative	curious	persistent	shy	easily discouraged
quiet	moody	impulsive	good body control	slow to warm up
withdrawn	dependent	confident	stubborn	good natured
independent	attentive	fearful	inattentive	even-tempered
subject to temper tantrums		puts away own belongings		clumsy

Other characteristics: _____

If you would like to further describe or explain one or more of the characteristics you circled above, please do so here, or attach an additional sheet. _____

How often is your child cared for by other than a parent? An occasional babysitter? _____

Regularly by a child care provider? _____; Nursery at gym, church, etc? _____

Please list any other programs or classes your child attends or has attended? Include approximate dates of attendance. _____

I have selected St. Matthew's program for my child because _____

During the coming year, I expect my child will have the opportunity to do &/or learn the following: _____

To further these goals, I am doing the following at home: _____

Please write additional comments here or attach a separate sheet. _____
