

**Netcong School**  
**Developmental Information**  
(To be completed by the parent)

Child's Name: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Child's Primary Language: \_\_\_\_\_  
Language(s) spoken at home: \_\_\_\_\_  
Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Sibling: \_\_\_\_\_ Age: \_\_\_\_\_  
Sibling: \_\_\_\_\_ Age: \_\_\_\_\_  
Sibling: \_\_\_\_\_ Age: \_\_\_\_\_  
Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

***Medical History***

Were there any problems during pregnancy or difficulties at birth?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Birth weight: \_\_\_\_\_ pounds \_\_\_\_\_ ounces

Was your child born before the due date? \_\_\_\_\_

Has your child been hospitalized at any time? \_\_\_\_\_

Has your child ever had surgery? \_\_\_\_\_ Explain: \_\_\_\_\_

Has your child had any special growth or development problems in the preschool years?  
\_\_\_\_\_ If yes, please explain \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

If yes, please specify (insects, medications, foods, latex, skin, pollen, etc.): \_\_\_\_\_

Does your child have special medical needs? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Does your child take medication on a regular basis? \_\_\_\_\_ If yes, what medications: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child had any of the following:

Medical condition	Yes	No	Please explain:
Blood Disorder			
Cancer			
Concussion/head trauma			
Diabetes			
Digestive/feeding disorder			
Emotional problems			
Heart disease/defects			
Kidney disease			
Lyme disease			
Liver problems			
Orthopedic disorder (bone, joint, spine)			
Severe infections			
Vision problem (glasses, contacts)			
Other			

Do any of your child's health/medical conditions require school restrictions or modifications? \_\_\_\_\_  
\_\_\_\_\_

Does your child require any special procedures/treatments during the school day?

**Family Medical History** (Be specific: allergies, asthma, respiratory disease, heart disease, diabetes, cancer, other)

Father \_\_\_\_\_ Mother \_\_\_\_\_  
Sibling \_\_\_\_\_ Close Relatives \_\_\_\_\_

**Hearing Status**

Does your child:

- Talk in a loud voice?
- Turn up the volume on the radio or TV?
- Ask people to repeat or talk louder?
- Hear you if his/her back is turned?
- Hear you if you talk to him/her from another room?
- Have a history of ear infections?

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_

### ***Developmental Milestones***

At what age did your child:

- Sit \_\_\_\_\_
- Speak first word \_\_\_\_\_
- Become toilet trained \_\_\_\_\_
- Dress him/herself \_\_\_\_\_
- Walk \_\_\_\_\_
- Use sentences \_\_\_\_\_
- Feed him/herself \_\_\_\_\_
- Wash him/herself \_\_\_\_\_

Do you have any concerns about your child's coordination? \_\_\_\_\_

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### ***Speech and Language Information***

When you talk to your child, how much does he/she understand? \_\_\_\_\_

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How does your child let you know what he/she wants? \_\_\_\_\_

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Can the family understand your child's speech? \_\_\_\_\_

Can people outside the family understand your child's speech? \_\_\_\_\_

Describe your child's speech and language: \_\_\_\_\_

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What has been done to alleviate any speech and language difficulty? \_\_\_\_\_

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How does your child relate to other children his/her own age?

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### ***Behavior and socialization***

Do you anticipate your child will have any problems with adjustment to the school setting? \_\_\_\_\_

Has your child ever been to a nursery school/day care center? \_\_\_\_\_

Where? \_\_\_\_\_ How long? \_\_\_\_\_

Were there any problems? \_\_\_\_\_

If yes, what were they \_\_\_\_\_

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Does your child play with other children? \_\_\_\_\_

Does your child seek friends his own age or younger? \_\_\_\_\_

Does your child resist rules or refuse to comply with requests? \_\_\_\_\_

Does your child cling to adults? \_\_\_\_\_

Does your child separate easily? \_\_\_\_\_

How long is your child's attention span? \_\_\_\_\_

Is your child easily distracted? \_\_\_\_\_

Does your child show an interest in books? \_\_\_\_\_

Does your child have any behavioral problems? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have any household responsibilities or chores? \_\_\_\_\_

If so, what are they? \_\_\_\_\_

How do you discipline your child when necessary? \_\_\_\_\_

Are there any special circumstances that you feel your child's teacher should be made aware of? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Do you have a younger child who may have a problem needing our attention? \_\_\_\_\_

Is there any other information that is important for us to know? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_