

CHILD'S CONFIDENTIAL HISTORY FORM

(To be completed by parent)

In order to know your child better and help him/her develop to the fullest, it would be helpful to have the following information. This information will remain confidential. Please complete all questions or as many as you wish to share. Please send a picture of your child with this form.

1. Name(s) and age(s) of siblings (brothers and sisters):

2. Does your child have a pet? _____ What kind? _____ Pet's Name _____
3. Any significant difficulties during your pregnancy with the child who is enrolled in the Children's School? (If yes, describe.)

4. Any significant difficulty during labor? (If yes, describe.)

5. Any significant difficulty (health or other) with your child up until now? (If yes, describe.)

6. Any allergies to medication or food? _____
7. Any known or significant problems with your child's eyes, ears, or speech?

8. At what age did your child start: sitting up alone ____, crawling ____, walking ____, gibbering ____ intelligible speech ____ .
9. Does your child have good eating habits? (If no describe) _____
10. Does your child eat candy, other sweets or foods with considerable amount of sugar _____.
Regularly _____ Occasionally _____ Seldom _____
11. Does certain food seem to affect your child's behavior. (If yes, explain.)

12. Is this your child's first nursery school experience? _____
13. Has your child had much experience playing with other children? _____
14. Has your child had any difficulty interacting with other children? (If yes, explain.)

15. Do you have difficulty leaving your child with others, a baby sitter? (If yes, explain.)

16. Do you consider your child usually an observer ____, doer ____, non-verbal, ____ verbal, ____ very verbal, ____ passive, ____ aggressive, ____ even tempered, ____ active, ____ very active, ____ extremely active, ____ quiet, ____ very quiet, ____ extremely quiet.
17. Does your child have any fears? (If yes, describe.) _____
18. Is there additional information you would like us to know

19. What would you like your child to get out of his/her nursery school experience?

You may feel confident that any information you share with the teacher will remain confidential. If during the year a crisis of experience occurs in your child's life that could affect his/her physical or emotional behavior, please let us know. This form is due before your child may start school.