



Anderson Hills Preschool

Personal History - Your Child's Development

Date _____

CHILD'S NAME: _____ NICKNAME: _____

ADDRESS: _____ ZIP: _____ PHONE: _____

DATE OF BIRTH: _____ AGE: _____ (years) _____ (months)

1. THE CHILD'S FAMILY

Mother's name _____ Occupation _____

Home address _____ Phone _____

Business address _____ Phone _____

e-mail address _____ Cell _____

Father's name _____ Occupation _____

Home address _____ Phone _____

Business address _____ Phone _____

e-mail address _____ Cell _____

List other members of the household:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the primary language spoken in your child's home? _____

Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Yes No? Additional details? _____

Are there any changes or transitions that your child has recently experienced or is experiencing? (move from crib to bed, divorce, new home, death of family member, friend or pet) Yes No?

Additional details? _____

Please tell us about your family's values, beliefs, cultural and child-rearing practices. _____

Has your child had a previous child care arrangement? Yes No? Additional details? (center based, in home, with family, with grandparents, etc.) _____

2. PLAY AND SOCIAL EXPERIENCES

Has your child participated in any group experiences? _____

Did your child enjoy it? _____

Do other playmates visit the child? _____

Does your child visit other playmates in their homes? _____

How does your child relate to other children? _____

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

Are there things that frighten your child?

What routines/actions or items do you use to comfort your child? _____

What causes your child to feel angry or frustrated? _____

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 does your child respond to adults outside the family? _____

How many times a week is your child read to? _____

How often do you play board games, card games or other non-electronic games? _____

3. DEVELOPMENT IN EARLY CHILDHOOD

Comment on the health of your child during delivery and infancy (premature delivery, developmental concerns) _____

Is your child adopted? _____ Does he/she know it? _____

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? _____

Is your child Left-handed Right-handed? Additional details _____

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

Can your child drink from an open cup? Yes No? Additional details _____

5. PERSONALITY TRAITS

Please circle all of the words that best describe your child's personality and behavior:

active, adventurous, affectionate, anxious, bossy, bright, busy, calm, cautious, cheerful, content, creative, curious, easily-angered, emotional, energetic, excitable, friendly, gives-in-easily, happy, hesitant, insecure, jealous, likes structure/routines, loud, loving, mellow, outgoing, prefers adult attention, quiet, sensitive, serious, social, shares-well, spontaneous, stubborn, tentative, other: _____

Are there additional personality and behavior characteristics that would be useful to know about your child? _____

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

What methods do you use to respond to your child's negative behavior? _____

Which are successful? _____

How does your child adjust to new situations? readily _____ slowly _____

Is your child accustomed to separation from parents? yes _____ no _____

How does your child react when parents go out? Accepting _____ upset _____

Is your child extremely dependent on any individual? Yes No

If yes, who? _____

What might you and/or your child be anxious about as he/she starts in this program? _____

What are you and/or your child excited about as he/she starts in this program? _____

What other information would be helpful for the staff caring for your child to know? _____

Please list the first and last names of the people who are authorized to pick up your child

6. EDUCATIONAL GOAL FOR STEP UP TO QUALITY

This section will be completed when you meet with your child's teacher at orientation.

The program and the family will collaborate together to set a goal for the child. The progress towards this goal will be discussed at parent/teacher conferences.

Developmental/Educational Goal for the child for this school year:

Parent/Guardian's Signature		Date
Lead Teacher's Name	Signature	Date