



# Child's History

Dear Parents:

It is important that teachers become acquainted with their pupils as rapidly as possible. You can help your child by telling the teacher of important experiences in the life of your child, along with his/her reactions to these events. These experiences may include both happy and unpleasant incidents which have affected the child during these early years. Such a "case history" will help the teacher understand more readily why your child responds as he/she does in various school situations.

Child's full name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Parent's names:  
Father/Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mother/Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Report completed by (relationship to child): \_\_\_\_\_

## Family and Home

List Adults in the home, their approximate ages and relationship to child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Children in the home: \_\_\_\_\_

What are their ages and sex? \_\_\_\_\_

Do you have domestic help?  Yes  No

If yes, what is this persons age? \_\_\_\_\_ How often is the child under this persons care? \_\_\_\_\_

Does your child receive care anywhere else outside the home?  Yes  No

Where? \_\_\_\_\_ How much time does child spend there? \_\_\_\_\_

## Physical Development

Is there anything unusual about your child's early development and health?  Yes  No

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

Was there anything unusual about your child's birth?  Yes  No

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

Does the child have any handicaps (auditory, visual, speech, muscular)?  Yes  No

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

Describe any serious ailments effecting your child: \_\_\_\_\_

Has your child's speech pattern developed normally? \_\_\_\_\_

State of general health at present time: \_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_

List any allergies: \_\_\_\_\_

## Daily Schedule

Does your child go to bed willingly at a set time?  Yes  No

Does your child have any sleep disturbances?  Yes  No

Does your child awaken cheerfully in the morning?  Yes  No

Day nap from \_\_\_\_\_ to \_\_\_\_\_

Describe your child's appetite: \_\_\_\_\_

Are there any eating problems?  Yes  No If yes, explain \_\_\_\_\_

Time of day for bowel movement: \_\_\_\_\_  Regular  Irregular

What words are used? \_\_\_\_\_

Does your child urinate alone?  Yes  No  Does he stand?  Does he sit?

Does your child manage own clothes when using the bathroom?  Yes  No

**Emotional and Social Development**

Does your child have any problems such as:  Excessive shyness  Marked Aggressiveness  
 Other \_\_\_\_\_

Does your child have strong fears such as dogs, the dark, etc.?  No  Yes \_\_\_\_\_

Does your child  Cry easily  Pout  Have temper tantrums

What are the causes? \_\_\_\_\_

Does your child have any other emotional disturbances?  Yes  No

Explain: \_\_\_\_\_

Has your child had any previous group play experiences?  Yes  No \_\_\_\_\_

Nursery school? List place and dates attended: \_\_\_\_\_

Does your child dress unassisted?  No  Yes

Does your child have regular duties or jobs?  No  Yes

Does your child carry out your instructions?  No  Yes

What is your child's attitude toward entering school? \_\_\_\_\_

What do you expect your child to gain from his/her school experiences? \_\_\_\_\_

**Special Interests**

Kinds of pets: \_\_\_\_\_

Favorite toys: \_\_\_\_\_

What kinds of stories does your child like? (How often does he/she hear them?) \_\_\_\_\_

Classes regularly attended:  Dancing  Swimming  Karate  Horseback  Music  
 Gymnastics  Religious instruction  Other \_\_\_\_\_

What kinds of movies does your child like? \_\_\_\_\_

What kinds of television programs does your child like? \_\_\_\_\_

Please add any additional comments you believe would further our understanding of your child's needs.

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