

This form is for the teacher's/director's information. Filling it out completely helps us plan for your child.



Covenant Preschool and Child's Day Out
3003 Northland Drive
Austin, Texas 78757

DEVELOPMENTAL HISTORY 2016-2017

Name of Child _____ Sex _____

Name your child is called _____

Date of Birth _____ Age as of September 1, 2016 _____ Years _____ Months

Child lives with: ___ Both Parents ___ Mother ___ Father ___ Other: _____

Child's Home Address: _____ City, State, Zip: _____

Father's Name: _____ Best Phone # _____

Address if different: _____ City, State, Zip: _____

Occupation _____ Employer: _____

Mother's Name: _____ Best Phone # _____

Address if different: _____ City, State, Zip: _____

Occupation _____ Employer: _____

Is he/she adopted? _____ If so, age at adoption _____ Does child know he/she is adopted? _____

Have others had a substantial role in rearing your child? _____

If yes, explain _____

List names and ages of other household members:

Church Affiliation: _____

Child's Previous School Attendance:

Where: _____ When: _____

Is your child participating in another program supplementary to his/her attendance at Covenant? If so, where?

Highlights of the past year for your child and family? _____

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HEALTH & PHYSICAL DEVELOPMENT:

Describe your child's overall health. Include any chronic illnesses or ongoing health complications.

Any speech, vision, or hearing difficulties? _____ If so, please describe: _____

Please describe any ongoing therapeutic intervention, if any. (i.e. physical, speech, and/or occupational)

Any allergies? (Please name) _____

Medication used to treat? _____

Describe your child's toilet training status or current method of elimination (e.g. diapers, pull-ups, toilet trained, etc.)

At what time does your child typically awaken in the morning? _____

Go to sleep at night? _____ Nap? _____

SOCIAL & EMOTIONAL DEVELOPMENT:

How would you describe your child's play? _____

Has your child had group play experience? _____ If so, please describe: _____

Does your child have any special fears you are aware of? _____

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What, if any, nervous manifestations (nail biting, thumb sucking, etc.) does your child have?

What makes your child content? (ex: pacifier, blanket, etc.) _____

How does your child usually express his feelings? (both negative and positive) _____

Methods of guidance (discipline) most often used? _____

Does your child have a tendency to wander away from you? _____

What do you feel are your child's strengths? _____

What 3 words would you choose to describe your child's personality?

1. _____

2. _____

3. _____

In what areas would you like to see your child develop this school year?

1. _____

2. _____

3. _____

Is there any other significant information you might add which would further contribute to a better understanding of your child and his/her needs? _____

Parent's signature: _____ Date: _____

***If you would like a copy of this form for your records, please make a copy before turning it into the office.**