

ALL AUSTIN COOPERATIVE NURSERY SCHOOL -- DEVELOPMENTAL HISTORY

Child's Preferred Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's birthweight: \_\_\_\_\_

Was he/she born prematurely? \_\_\_\_\_ If so, how much? \_\_\_\_\_

Any major complications at birth or within the first year of life? \_\_\_\_\_

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

Was/is your child breastfed? \_\_\_\_\_ How long? \_\_\_\_\_

Was/is your child bottlefed? \_\_\_\_\_ How long? \_\_\_\_\_

Has anyone but the parents had a substantial part in rearing your child? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Members of household (include age and relationship if appropriate): \_\_\_\_\_

Marital status of parents:

Living together \_\_\_\_\_

Separated \_\_\_\_\_ How long? \_\_\_\_\_

Divorced \_\_\_\_\_ How long? \_\_\_\_\_

If separated or divorced, is there a stepparent? \_\_\_\_\_ How long? \_\_\_\_\_

Custody/visiting arrangements: \_\_\_\_\_

Has your child had group play experience? \_\_\_\_\_ If so, please describe \_\_\_\_\_

Does your child have a favorite playmate? \_\_\_\_\_

Does your child have any imaginary playmates? \_\_\_\_\_

How would you describe your child's play at home? \_\_\_\_\_

What activities inside and outside the home does your child particularly enjoy? \_\_\_\_\_

\_\_\_\_\_

Are there pets at home? \_\_\_\_\_ Please specify \_\_\_\_\_

Has the child traveled? \_\_\_\_\_ Where and when? \_\_\_\_\_

\_\_\_\_\_

Briefly describe the child's reaction to the travel \_\_\_\_\_

Has your child had any serious illness or accident? \_\_\_\_\_ If so, please describe \_\_\_\_\_

Does your child have any special fears that you are aware of? \_\_\_\_\_

\_\_\_\_\_

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

Go to sleep at night? \_\_\_\_\_ Nap? \_\_\_\_\_

Does your child go to the bathroom alone? \_\_\_\_\_ Wear diapers? \_\_\_\_\_

Any difficulty with toileting? \_\_\_\_\_

Any speech, vision, or hearing difficulties? \_\_\_\_\_

Please specify and describe therapeutic intervention, if any \_\_\_\_\_

\_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

Any special characteristics of your child that the teacher should be aware of?

Physical \_\_\_\_\_

Emotional \_\_\_\_\_

Social \_\_\_\_\_

Any especially good or disturbing things that might have happened to your child? \_\_\_\_\_

\_\_\_\_\_

Will your child be participating in another program supplementary to his/her attendance at AACNS? \_\_\_\_\_

\_\_\_\_\_

What is your reason for placing your child at AACNS? \_\_\_\_\_

\_\_\_\_\_