Mountain Oak School

Sunflower Kindergarten
Child & Family History 2013-14

Personal History

Child's name _____

Date and place of birth _____

Child's birth order (first born, last, middle etc.) _____

Siblings (names and ages) brothers _____

sisters _____

Please describe child's relationship with siblings _____

_____

Briefly describe the pregnancy: _____

_____

_____

Hospital or home birth? _____

Was the child born early, on time or overdue?_____

Briefly describe the birth _____

_____

Weight at birth _____ Was your child breast or bottle fed? _____

For how long? _____

Development History

At what age did your child crawl? _____ teethe? _____

walk? _____ speak? _____

What were your child's first sounds, words? _____

When did your child confidently say "I" in reference to oneself? _____

When was your child toilet trained? _____

Does your child wet the bed? _____

What childhood illnesses (if any) has your child had? _____

_____

Has your child had any serious accidents? _____

_____

Describe any allergies (past or present) _____

_____

Describe any habits (thumb sucking, nail biting, hair twisting etc.)_____

_____

Please give an evaluation of your child's present physical health _____

_____

Describe any special needs or areas of concern _____

_____

Briefly describe your child's temperament (i.e. sunny, serious, contented, leader)

_____

_____

How does your child express adversity? (easily frustrated? angered? calm?)

_____

_____

What are your child's special interests? _____

Favorite pastimes? _____

_____

Home and Family Rhythm

When is your child's bedtime? _____ wake up? _____

Describe how your child awakens (dreamy, cheerful, crabby etc.) _____

_____

Describe how your child goes to sleep (ritual) _____

_____

Does your child nap daily? & how long?_____

How is discipline handled in the home?_____

_____

What is your family food orientation? _____

What foods does your child like most?_____

What are your child's comfort foods if different from above? _____

What foods does your child like least? _____

Do you prefer your child to avoid any foods? _____

Average number of hours of TV., VCR viewed daily _____

Favorites: _____

Average number of movies viewed per month: _____

Favorites: _____

What are your views about TV. for children? _____

_____

Does your family have any pets? _____

Does your child have any imaginary playmates? _____

Does your child initiate own play?_____

What language(s) are fluently spoken in the home? _____

Is there any pertinent personal (family) information you feel the teachers should know?