

KINDERGARTEN DEVELOPMENTAL HISTORY

CHILD'S INFORMATION

Child's Name _____

Address _____

Phone Number _____ Birth Date _____

SCHOOL HISTORY

1. Name of preschools and/or home daycare to date:

a. How did your child adjust?

b. How many days per week?

2. What are your child's interests?

3. What are your child's special needs in school?

OTHER CONCERNS

1. Does your child have any fears?

2. Is there any other information that would be helpful in helping your child adjust to kindergarten?