

KINDERGARTEN DEVELOPMENTAL HISTORY

CHILD'S INFORMATION

Child's Name _____ M F

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 academic strengths and weaknesses? For example, alphabet, number knowledge, etc.

3. What are your child's behavioral strengths and weaknesses?

OTHER CONCERNS

1. Is there any other information that would be useful in helping your child adjust to kindergarten? For example, visual (i.e. glasses), speech, gross and fine motor skills.