

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

If parent(s) is not available, in case of illness/emergency notify:

Name: (1) _____ Phone: _____

(2) _____ Phone: _____

Using daycare? Yes___ No___ Name/Address: _____

How did you first learn of the Acton Public Schools Preschool? _____

HEALTH INFORMATION:

1. General Health

Birth Weight: _____

Were pregnancy and delivery normal: _____

My child's appetite is usually: Poor _____ Fair _____ Good _____ Excellent _____

My child's usual routine for sleep and rest is:

Night: In bed at _____ Asleep at _____ Up at _____

Day: Nap _____ If yes, Daily? _____ Occasionally? _____
Y/N

2. Has your child had any hospitalizations, serious illness or accidents? _____
Y/N

If yes, explain: _____

3. Is there a history of ear infections? _____ If yes, what course of
treatment is/was used? _____ Y/N

4. Are there any current medical concerns for your child, including allergies? _____
Y/N

If yes, explain: _____

5. Is your child on any medications? _____ If yes explain: _____
Y/N

HEALTH INFORMATION (continued)

5. Eyes: Has your child had trouble seeing (i.e., squinting, rubbing eyes, head tilted, eyes crossed, etc.) _____

Y/N

6. Ears: Has your child ever had frequent ear infections? _____

Y/N

Has your child had any ear/hearing examinations or treatment _____

If yes, please explain:

DEVELOPMENTAL HISTORY

1. At what age did child walk unassisted? _____

2. Any significant medical history affecting motor development?

3. Child's sense of balance is:

very steady on feet 1 2 3 4 bumps into things

4. Check skills your child is generally able to do:

- _____ walks up stairs unassisted
- _____ walks down stairs unassisted
- _____ runs smoothly
- _____ jumps with both feet
- _____ kicks large ball
- _____ catches large ball

5. Age when child spoke first word _____

6. Is there a language other than English spoken regularly at home _____

If yes, Language _____ Y/N

7. How well does your child pronounce words?

- _____ Is very hard to understand
- _____ Family can understand, but others cannot
- _____ Easy to understand

8. Does your child use sentences?

- _____ Not yet, still uses single words
- _____ Usually two word combinations, "me go", etc.
- _____ Usually 3 or 4 word sentences, "we go home", or longer

DEVELOPMENTAL HISTORY (continued)

9. Does your child follow directions?

- No consistently, does not understand; does not want to; or tunes out?
- Will follow one simple direction
- Follows 2 or 3 simple directions.

10. Does your child enjoy books and listening to stories?

- Has no interest in stories or looking at picture books
- Seems interested but for a very short time
- Enjoys simple stories and talking about pictures

11. Can your child point to 10 or more body parts? _____
Y/N

12. Can your child name 10 or more body parts? _____
Y/N

13. Can your child point to the following colors?
red _____ blue _____ green _____ yellow _____

14. Can your child name the following colors?
red _____ blue _____ green _____ yellow _____

15. How does your child play with other children?

- Prefers to play alone
- Prefers one or two others
- Plays mainly with brothers and sisters
- Has a lot of friends

16. Circle the appropriate number:

In new situations, my child is: outgoing 1 2 3 4 fearful

Holding/cuddling: likes 1 2 3 4 dislikes

Separating from parents: clings 1 2 3 4 separates easily

Activity Level: very active 1 2 3 4 very quiet

17. Have there been any significant events or changes in your child's life you feel it would be helpful for us to know about? Please explain.

(Parent Signature)