BROOKFIELD PUBLIC SCHOOLS
DEVELOPMENTAL HISTORY

_____	_____	_____	_____	_____
Student's Last Name	First Name	Middle Name	Gender	Birth Date

Please check all areas that apply to your child and explain below:

- ☐ Pregnancy complication
- ☐ Birth injury/complication
- ☐ Premature birth at_____ weeks
- ☐ Complications after birth
- ☐ Over/under active
- ☐ Poor appetite/eating problem
- ☐ Sleeping difficulty
- ☐ Tires easily
- ☐ Toileting problem

Explain:_____
_____
_____

DEVELOPMENTAL MILESTONES

At what age did your child:

_____ Sit up alone	_____ Use single words	_____ Toilet trained
_____ Crawl	_____ Use 2-4 word sentences	_____ Ride a bicycle
_____ Walk alone	_____ Sleep through the night	_____

Has your child been evaluated by the birth to three program? _____
_____
_____

Does your child have any developmental concerns that have required an evaluation by a specialist (speech pathologist, occupational or physical therapist, psychologist, psychiatrist etc)? If so, explain: _____
_____
_____
_____

My child's development has been similar to his/her peers: ____yes ____no
If no, explain: _____
_____

Do you think your child has a fine or gross motor problem? ____yes ____no
If yes, explain: _____
_____

Do you think your child has a speech or language problem? ____yes ____no
If yes, explain: _____
_____

SOCIAL AND EMOTIONAL DEVELOPMENT (Please check areas that apply to your child and comment below):

- ☐ Cries easily
- ☐ Bites nails
- ☐ Sucks thumb
- ☐ Gets angry easily
- ☐ Has a hard time focusing
- ☐ Daydreams
- ☐ Has nightmares
- ☐ Has temper tantrums
- ☐ Is impulsive
- ☐ Is moody
- ☐ Is aggressive
- ☐ Has one or more good friends
- ☐ Is quiet or shy
- ☐ Is confident
- ☐ Joins group activities
- ☐ Plays easily with peers
- ☐ Prefers solitary play
- ☐ Shares easily
- ☐ Sticks to tasks
- ☐ Tolerates changes in routine
- ☐ Usually seems happy
- ☐ Is affectionate

Comment: _____
_____
_____
_____
_____
_____

Does your child have any fears or anxieties that may interfere with learning at school?
_____
_____
_____

Is there anything you feel we should know about your child in order to help him/her make a satisfactory adjustment to school? _____
_____
_____
_____

FAMILY AND HOME BACKGROUND

Is there any relevant information we should know regarding the home? Please include things such as recent moves, job changes, death in the family, divorce, adoption/birth etc.
_____
_____
_____

Student's primary language: _____ Other languages spoken at home: _____
_____

Other children (names and ages): _____
_____
_____
_____

_____ _____ _____ _____
Parent/Guardian Signature Date Parent/Guardian Signature Date