

**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:

- | | |
|---|---|
| <input type="checkbox"/> Pregnancy complication | <input type="checkbox"/> Over/under active |
| <input type="checkbox"/> Birth injury/complication | <input type="checkbox"/> Poor appetite/eating problem |
| <input type="checkbox"/> Premature birth at _____ weeks | <input type="checkbox"/> Sleeping difficulty |
| <input type="checkbox"/> Complications after birth | <input type="checkbox"/> Tires easily |
| | <input type="checkbox"/> 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):

- | | |
|---|---|
| <input type="checkbox"/> Cries easily | <input type="checkbox"/> Has one or more good friends |
| <input type="checkbox"/> Bites nails | <input type="checkbox"/> Is quiet or shy |
| <input type="checkbox"/> Sucks thumb | <input type="checkbox"/> Is confident |
| <input type="checkbox"/> Gets angry easily | <input type="checkbox"/> Joins group activities |
| <input type="checkbox"/> Has a hard time focusing | <input type="checkbox"/> Plays easily with peers |
| <input type="checkbox"/> Daydreams | <input type="checkbox"/> Prefers solitary play |
| <input type="checkbox"/> Has nightmares | <input type="checkbox"/> Shares easily |
| <input type="checkbox"/> Has temper tantrums | <input type="checkbox"/> Sticks to tasks |
| <input type="checkbox"/> Is impulsive | <input type="checkbox"/> Tolerates changes in routine |
| <input type="checkbox"/> Is moody | <input type="checkbox"/> Usually seems happy |
| <input type="checkbox"/> Is aggressive | <input type="checkbox"/> 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
9/06

Date

Parent/Guardian Signature

Date

BROOKFIELD PUBLIC SCHOOL
PRESCHOOL INFORMATION SHEET

Parents: Please fill in your child's name, birth date, address, and the preschool he/she is attending. (If your child is not attending preschool this year, print "none".) Please sign the "release information" permission request and return this form with your packet.

Child's Name: _____

Date of Birth: _____

Address: _____

Preschool: _____

Address: _____

Permission for release of information

Parent's signature: _____

(This portion to be filled out by preschool teachers)

Preschool Teachers:

We have been informed that the above child is enrolled in your preschool program. Therefore, we ask that you please take a few moments to consider the following skill areas and check the appropriate item. Please feel free to add comments indicating particular strengths or weaknesses that you have observed.

| | Above Age Level | Age Level | Below Age Level |
|--|----------------------------|----------------------|----------------------------|
| SELF HELP SKILLS: Ability to toilet, feed, and dress with minimal assistance. | _____ | _____ | _____ |

Comments: _____

SOCIALIZATION (Behavior): Shows evidence of self-control, awareness of rules and consequences, plays cooperatively with peers, and responds appropriately to adult directions.

| | | | |
|--|-------|-------|-------|
| | _____ | _____ | _____ |
|--|-------|-------|-------|

Comments: _____

EMOTIONAL: Please indicate child's general temperament and/or predictable emotional responses, such as: outgoing, generally quiet or shy, fearful of loud noises, needs frequent encouragement, etc.

| | | | |
|--|-------|-------|-------|
| | _____ | _____ | _____ |
|--|-------|-------|-------|

Comments: _____

**Above Age
Level**

**Age
Level**

**Below Age
Level**

LANGUAGE: (Oral Communication): Use of phrases and sentences with proper grammar and parts of speech; evidence of clear thought patterns.

Comments: _____

SPEECH (Articulation): Control of oral in space and in relation to objects, balance, agility, and general coordination.

Comments: _____

GROSS MOTOR: Child's ability to control body in space and in relation to objects, balance, agility, and general coordination.

Comments: _____

FINE MOTOR: Eye-hand coordination; ability to control small muscles of the hand for manipulation of pencil, scissors, small objects, etc.

Comments: _____

PRE-ACADEMIC (Cognitive Skills): Willingness to attend to group discussion and instruction; ability to follow directions and work somewhat independently

Comments: _____

1. Please indicate any additional concerns or comments regarding this child: _____

2. If you have any concerns, are the parents aware of them? What are the parents' feelings about these concerns?

3. At this time, do you feel it is necessary to be contacted by the school personnel to discuss this child further?

Please attach copies of any evaluations you have conducted on this child or other information you feel is pertinent.