

Westwood Public Schools Integrated Preschool

Please complete and return to:
Westwood Integrated Preschool
200 Nahatan Street
Westwood, MA 02090
781-326-7500 x5113
781-461-9782 (fax)

**Please fill out this entire form.
It is very valuable information
for your classroom teachers.**

Preschool Developmental Questionnaire

Child's Information:

Child's Name: _____ Primary Language: _____
Date of Birth: _____ Place of Birth: _____
Home Address: _____
Home Phone: _____

Parent/Guardian Information:

Parent/Guardian Name: _____
Relationship to Child: _____ Legal Guardian: Yes / No _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Parent/Guardian Name: _____
Relationship to Child: _____ Legal Guardian: Yes / No _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Name of Person Completing Questionnaire: _____

Date: _____

Developmental History

This child is number _____ out of a total of _____ children in your family.

Children:

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Others living in the home (other than your own children):

Marital Status:

☐ Married

☐ Separated

☐ Widowed

☐ Divorced

☐ Other: _____

How many times have you moved since the birth of this child? _____

Which language did this child first speak? _____

Which language does he/she speak at home? _____

Which language does he/she speak with peers? _____

Which language does he/she speak with adults? _____

Which, if any, family members have experienced difficulty with:

Speech _____ Reading _____

Math _____ Spelling _____

Birth History

Mother's health during pregnancy: _____ Length of Pregnancy: _____

Any illnesses or complications during pregnancy? Explain: _____

List any prescribed medication: _____

Smoking/drug/alcohol use by mother or father? _____

_____ Full Term _____ Premature

_____ Natural _____ Caesarean _____ Breech _____ Fetal Distress _____ Forceps

Labor: Hours _____ Medications used, if any: _____

Birth weight: _____ lbs, _____ ozs. Any complications? _____

Child's condition at birth: _____

____Jaundiced ____Oxygen needed ____Transfusions ____Incubator

Length of hospital stay: Infant_____ Mother_____

Early Development

Please record below the age at which your child accomplished the following:

Sat alone	_____	2 or 3 sentences	_____
Crawled	_____	Fed self completely	_____
Began to walk	_____	Toilet Trained	_____
First Words	_____	Rode Tricycle	_____
Any difficulty?	_____		

What are your concerns that led to this evaluation?

Has your child had any particular or unusual developmental problems?

Present Development

Please check areas that apply to your child and comment.

- ☐ Pays attention to reading of a short story _____
- ☐ Answers simple questions or talks about the story _____
- ☐ Converses easily with family and friends _____
- ☐ Baby talk _____
- ☐ Lisps _____
- ☐ Speaks in generally clear speech _____
- ☐ Hesitates or frequently repeats _____
- ☐ Those unfamiliar with your child can understand his/her speech _____

Describe any speech or language problem you think your child might have:

Please check areas that apply to your child and comment.

- ☐ Responds quickly to your voice from a short distance _____
- ☐ Has trouble listening, attending or hearing _____
- ☐ Has many friends _____
- ☐ Prefers to play alone _____
- ☐ Joins group activities _____
- ☐ Cries easily _____
- ☐ Sucks thumb _____
- ☐ Bites nails _____
- ☐ Clings to parent in new situations _____
- ☐ Sticks to task once started _____
- ☐ Shows motivation to try something new _____
- ☐ Prefers to be with adults _____
- ☐ Shares easily _____
- ☐ Has nightmares _____
- ☐ Has temper tantrums _____
- ☐ Daydreams _____
- ☐ Exhibits moody behavior _____
- ☐ Sleep behavior _____

Do you have any particular management difficulties with your child? Please describe.

Please check areas that apply to your child and comment.

- ☐ Draws and colors beyond a simple scribble _____
- ☐ Stacks blocks _____
- ☐ Completes simple puzzles _____
- ☐ Fastens buttons he/she can see _____
- ☐ Dresses self _____
- ☐ Hops _____
- ☐ Alternates feet walking downstairs _____
- ☐ Uses scissors for rough cutting _____
- ☐ Throws and catches a ball _____

With which hand does your child eat? _____

If unsure of your child's handedness, explain why. _____

Describe your child's movement pattern (e.g. awkward, clumsy, agile, quick, slow, hesitant, sure, on the go, quiet). _____

Does your child enjoy coloring or table work activities? _____

Can your child:

- ☐ Take care of his toilet needs by self _____
- ☐ Be away from parent for 2 to 3 hours contentedly _____
- ☐ Express feelings _____
- ☐ Takes care of personal needs (e.g. dressing, clean up) _____

Health

- ☐ Tires easily _____
- ☐ Requires little sleep _____
- ☐ Quiet, limited energy _____
- ☐ Frequent colds _____
- ☐ Ear infections _____
- ☐ Bedwetting _____
- ☐ Soiling _____
- ☐ Allergies _____
- ☐ Extremely active _____
- ☐ Headaches _____
- ☐ Eating Habits _____
- ☐ Current Medication:
which? _____

For what reason _____

- ☐ Hospitalization: Age _____ Length of stay _____

For what reason _____

- ☐ Illnesses: Age _____ Comment _____

- ☐ Accidents: Age _____ Comment _____

Convulsions or seizures: Age _____ Comment _____

- ☐ Physical problems (hearing, vision, other) _____

Wears glasses: ☐ Yes ☐ No, Comment _____

Child's Physician: Name _____
Address _____

☐ Has your child had any special examinations other than routine physicals? (If so, state reason, type, Name of examiner and location of examination.)

Has your child ever had a visual examination? ☐ Yes ☐ No

If Yes, Name of examiner _____

Date of exam _____

Results of exam _____

Please check areas that apply to your child and comment: *My child has...*

☐ no special health concerns.

☐ a known medical condition: _____

☐ any diagnosed conditions: _____

☐ asthma and/or allergies to: _____

☐ other special health needs: _____

Previous School Experience

Has your child had previous school experience? ☐ Yes ☐ No

If yes, Name of School _____

Address _____

Dates _____

What are your child's feelings about entering preschool? Please comment.

Describe any special interest, talents or intense dislikes characteristic of your child at this stage.

Additional information about your child that you believe would aid in his/her adjustment:

Signature

Date

Printed Name

Daytime Phone Number