

# Child Developmental and Information Form

Linworth Children's Center

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Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

How do you want your child's name written in the classroom? \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Child lives with \_\_\_\_\_

Siblings and their ages \_\_\_\_\_

Family pets \_\_\_\_\_

Additional members of the household \_\_\_\_\_

Have you moved frequently? \_\_\_\_\_

What language(s) is spoken at home? \_\_\_\_\_

Comment on the health of child during pregnancy, delivery and infancy

\_\_\_\_\_

When did your child walk \_\_\_\_\_ talk \_\_\_\_\_ use the potty \_\_\_\_\_

What terminology does your child use for the bathroom? \_\_\_\_\_

Please describe any special needs to be reminded about using the bathroom?

\_\_\_\_\_

Please describe any special needs, handicaps or health problems

\_\_\_\_\_

Does your child usually nap? \_\_\_\_\_ When & how long \_\_\_\_\_

Does your child have difficulty saying what he/she wants to do or you do have trouble understanding his/her speech? \_\_\_\_\_

\_\_\_\_\_

Has your child ever had a speech evaluation and what were the results?

\_\_\_\_\_

Does your child have any trouble hearing? \_\_\_\_\_

Has your child ever had ear/hearing examination or treatment? \_\_\_\_\_

\_\_\_\_\_

Has your child ever had a vision screening and what were the results? \_\_\_\_\_

\_\_\_\_\_

What foods does your child especially like? \_\_\_\_\_

\_\_\_\_\_

Are there any foods your child dislikes? \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about your child's eating habits? \_\_\_\_\_

Has your child participated in a group experience before? \_\_\_\_\_

Where? \_\_\_\_\_

Did your child enjoy it? \_\_\_\_\_

How does your child relate to other children? \_\_\_\_\_

Does your child prefer to play with other children or alone? \_\_\_\_\_

What are your child's favorite activities or toys? \_\_\_\_\_

What are your child's favorite books? \_\_\_\_\_

How often is your child read to? \_\_\_\_\_

Do you have any behavioral or discipline concerns about your child? \_\_\_\_\_

How are you dealing with these concerns at home? \_\_\_\_\_

In what ways would you like to see your child grow and develop during the school year? \_\_\_\_\_

What experience would you like to see your child have this year? \_\_\_\_\_

Are there any other comments or information you feel we should know about your child? \_\_\_\_\_