

Child Developmental and Information Form

Linworth Children's Center

7070 Bent Tree Blvd. Columbus, Ohio 43235

336-9559 Fax 336-8486

Child's Name _____ Class _____ 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/are 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 of your child related to 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 do you have trouble understanding his/her speech? _____

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

Does your child have any trouble hearing? _____

Has your child ever had an ear/hearing examination or treatment? _____

Has your child ever had a vision screening, and if so, 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? _____