

Child Development History Form

This form is for your child's teacher. School is sometimes a major adjustment for children. With a bit of background information, the teacher can often understand the reasons behind certain behaviors. Please be candid. This initial school experience should be happy and rewarding with as little anxiety as possible.

Child's Full Name _____ **Nickname:** _____

Adopted: Yes No if Yes, at what age?: _____ **Country:** _____

Sibling: _____ **Age:** _____ **Sibling:** _____ **Age:** _____ **Sibling:** _____ **Age:** _____

Pets: (types and names) _____

Religious Diet/Vegetarian/Allergies: _____

Do either of the parents have a particular interest/skill that they'd like to share with our students?

Mother's Name: _____ **Father's Name:** _____

Occupation: _____ **Occupation:** _____

Home Address: _____

Birthdate: _____ **Home Phone:** _____ **E-mail:** _____

Mother's Cell Phone: _____ **Father's Cell Phone:** _____ **Other:** _____

What are your expectations for your child this year? _____

Previous school or group experiences: _____

Are there any health problems of which we should be aware?: _____

* Please complete page 2 and return this form to the school office.