



Kelly Carroll, Principal

## DEVELOPMENTAL HISTORY

Name of child \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

Parent/Guardian \_\_\_\_\_

List children in family with birth date:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Any medical problems? \_\_\_\_\_

Interests and/or special abilities:

---

---

Has your child attended nursery school and/or daycare?

Name of center \_\_\_\_\_ attended from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ attended from \_\_\_\_\_ to \_\_\_\_\_

Please describe this experience:

---

---

---

Do you anticipate any difficulties for your child in adjusting to the school environment or the learning process? Please explain.

---

---