

# Ebenezer UMC Preschool



2020-2021

## Developmental Health History

Dear Parents,

Please take a few moments to fill out the questions below. The information you provide us will help us to better identify your child's particular stage of development as well as provide insight to family situations. All information will remain confidential. Please feel free to update any new health findings etc. with your child's teacher as the year progresses.

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

### Family Information

Marital Status of Parents: \_\_\_ married \_\_\_ separated \_\_\_ divorced \_\_\_ widowed

Siblings? Sisters \_\_\_\_\_ (Names & Ages)

Brothers \_\_\_\_\_ (Names & Ages)

Other adults in household? \_\_\_\_\_

Please list any changes in family structure such as a birth, death, adoption, etc. that may affect your child. \_\_\_\_\_

### Social Relationships / Play

What opportunities does your child have to play with other children?

\_\_\_ neighborhood \_\_\_ Sunday School / Church \_\_\_ cousins \_\_\_ former preschool \_\_\_ other \_\_\_\_\_

Ages of frequent playmates? \_\_\_\_\_

Child's favorite toys \_\_\_\_\_

What fears does your child have? (such as dogs, noise, darkness ) \_\_\_\_\_

How are the fears expressed? \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

CONTINUED ON BACK

How would you describe your child's personality and temperament?

\_\_\_\_\_

Does your child have a special item for comfort, such as a teddy bear, blanket, etc.? \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

### Physical Health / Daily Living

Past health problems \_\_\_\_\_

Present health conditions \_\_\_\_\_

Does your child have any disability which has been diagnosed such as hearing loss, speech delay, cerebral palsy, seizure disorder, or a specific developmental delay?

\_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Do you have any concerns regarding the following areas of development:

Speech? \_\_\_\_\_

Hearing? \_\_\_\_\_

Vision? \_\_\_\_\_

Gross Motor skills? (running, walking, other body movements) \_\_\_\_\_

Has your child had any vision or hearing screening tests? \_\_\_\_\_

Results? \_\_\_\_\_

Eating habits (nibbler or consistently good eater?) \_\_\_\_\_

Sleeping habits      Hours per night \_\_\_\_\_ Naps? \_\_\_\_\_

Any other information which may be helpful in our daily interactions with your child?

\_\_\_\_\_