



DEVELOPMENTAL DATA

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1. Briefly describe child's temperament (aggressive, active, self directed, creative, etc.).
2. Does your child have any fears?
3. Describe verbal ability (verbalization and ability to comprehend).
4. Describe your child's coordination (large and small muscle).
5. Has he/she shown a preference for right or left hand?
6. What activities interest your child the most?
7. What kinds of activities do you participate in as a family?
8. What type of toy does he/she show a preference for at home?
9. Has he/she had experience with crayon, pencil, paint, scissors, paste?
10. How does your child relate to older/younger brothers and sisters?
11. Does he/she have the opportunity to play with other children his/her age?
12. Who takes the responsibility for discipline in your family?
13. What type of discipline is used? What is the child's reaction?
14. What responsibilities does your child perform at home?
15. How much TV does your child watch? \_\_\_\_\_ Which programs are favorites?
16. What are his/her eating habits? \_\_\_\_\_ Sleeping habits? \_\_\_\_\_
17. Is he able to go to the bathroom independently? If not, how does he express his desire?
18. Is your child presently under a Dr.'s care? \_\_\_\_\_ If so, does he/she take regular medication? \_\_\_\_\_  
What is his/her reaction to it? \_\_\_\_\_
19. Has your child ever been seriously ill? \_\_\_\_\_ Hospitalized? \_\_\_\_\_
20. Is there any characteristic of your child that you feel would be helpful for his teacher to know?  
Please make any other comments you feel would be helpful.

Signature \_\_\_\_\_ Date \_\_\_\_\_