



Developmental History 2018-19

Derry Presbyterian Church, 248 East Derry Road, Hershey, PA 17033

The safety and success of your child is very important to us. Your answers to the following questions will help us best provide for your child. This information will be kept confidential and will only be seen by the director, the Discovery Days board president and the teacher of the class in which your child is placed for the school year.

Child's Name _____
FIRST MIDDLE LAST DATE OF BIRTH

Please list previous nursery school, day care or parent's morning out experience: _____

Is your child up-to-date on his/her vaccination schedule? Y/N ____ If no, why? _____

Please list any allergies (food or other): _____

What are their symptoms at being exposed to the allergen(s)? _____

Please list major injuries, illnesses (list age) or medical conditions: _____

Has your child ever received any of the following services or therapies through an outside agency or Early Intervention?

Speech ____ Occupational ____ Physical ____ Vision ____ Hearing ____ Developmental ____ Behavioral ____

Has your child been diagnosed with any of the following? Downs Syndrome ____ Autism Spectrum Disorder ____

ADHD ____ OCD ____ ODD ____ Developmental Delay ____

Current I.E.P. or doctor's evaluation attached.

Please feel free to comment on any of the answers you have given to the above questions, or let us know about any concerns you have regarding your child's development. Example: what frightens your child? What comforts your child?:

Is your child potty trained? Y/N ____ If yes, describe any assistance or words used for toileting: _____

I understand that Derry Discovery Days expects my child to be potty trained to enter Busy Bee and Butterfly classes. The director must be consulted on any exemptions to this standard.

List any languages other than English that are spoken at home: _____

Do you feel that your child's speech is clear? _____

Does your child understand what is being said to him/her? _____

What are your child's favorite activities? Inside _____

Outside _____

Does your child enjoy playing: alone? _____ with groups of children? _____
 with siblings? _____ with older children? _____
 with a friend? _____ with younger children? _____

Does your child enjoy watching TV? _____ What programs and/or movies do you allow your child to watch?

Does your child accept correction and adult guidance easily? _____

Does your child help to put away his/her own things? _____

Circle the characteristics that best describe your child:

- | | | | | |
|-------------|-------------|-----------|------------|---------------|
| happy | friendly | moody | attentive | inattentive |
| dependent | independent | clumsy | agile | impulsive |
| quiet | loud | emotional | determined | even-tempered |
| sympathetic | high energy | laid back | tentative | adventurous |
| talkative | observant | artistic | athletic | scientific |

Signature of Mother/Father _____ Date _____

If there is additional information that would be helpful for teachers to know about your child, please list it here: