



# Developmental History 2017-18

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 \_\_\_\_\_

