FORM E

HINGHAM PUBLIC SCHOOLS

220 Central Street
Hingham, MA 02043

ELEMENTARY DEVELOPMENTAL HISTORY

Please respond to all questions as fully as possible to help us determine the manner in which we can best meet your child's needs in kindergarten.

Child's Full Name: _____ Gender: Male ❑ Female ❑
Last First Middle

What name would you like your child to be called in school? _____

Birth Date: _____

Child lives with: ❑ Both parents ❑ Mother only ❑ Father only

❑ Other (please specify) _____

Child's household includes (please list siblings and significant others):

Name	Age	Relationship

Language(s) spoken in the home: _____

Has your child had any previous school or group experiences? If yes, where and when.

Place: _____ Date: _____

Place: _____ Date: _____

DEVELOPMENTAL HISTORY

HEALTH

Child's birth was: ❑ full term ❑ premature

Please describe any prenatal or birth complications.

_____

_____

_____

Please describe your child's history of:

Vision problems: _____

Allergies: _____

Hearing problems (include chronic or occasional ear infections, tubes): _____

_____

Is your child subject to frequent colds? _____

Has your child had any major illnesses, injuries, surgeries, or hospitalizations? (Please describe.)

_____

_____

(continued)

Has your child had any assessments by a specialist, such as psychological, educational, physical, medical? When and where?

Has your child participated in any early intervention program? ❑ Yes ❑ No

Please describe your child's sleeping habits (requires little sleep, naps often, wakes often, wets bed, etc.).

How much sleep does your child typically get each night? ___ hrs. / Typically goes to bed at ___ pm and wakes at___ am.

Please describe your child's eating habits (eats three full meals, snacks often, fussy eater, etc.).

MOTOR DEVELOPMENT

At approximately what age did your child first:

Sit?_____ Crawl?_____ Stand?_____ Walk?_____ Become toilet trained?_____

Please check the motor skills your child has acquired.

- ❑ Runs
- ❑ Hops
- ❑ Skips
- ❑ Balances on one foot
- ❑ Climbs stairs correctly
- ❑ Rides tricycle or bicycle
- ❑ Throws and catches ball
- ❑ Uses crayons
- ❑ Uses pencils and holds correctly
- ❑ Uses scissors

Child has developed: ❑ right-handedness ❑ left-handedness ❑ undecided

LANGUAGE DEVELOPMENT

At approximately what age did your child first:

say words?_____ speak in sentences?_____

How much does your child talk at home? _____

Outside the home? _____

Do you have any concerns about your child's speech or language development? If so, please explain.

BEHAVIORAL DEVELOPMENT

Please describe your child's behavior with peers in detail (is uncertain or timid, confident or self-assured, seems enthusiastic, dependent on others, has many friends, prefers to play alone, joins in group activities readily, etc.).

(continued)

What kind of play activities does your child prefer (indoor: puzzles, books, quiet time; outdoor: active, passive, etc.)?

How physically active is your child?

How would you characterize your child's attention span?

What age level does your child prefer in playmates?

How much (on average) screen time (TV and other electronic devices) does your child have per day?

How often is your child read to?

Does your child show imagination in:

story telling? drawing? building and making things? play activities?

Does your child have any special style or ways of communicating his/her feelings? How do you know if he/she is angry, sad, etc.?

How do you engage your child's cooperation? What works?

Have there been any significant experiences in your child's life about which the school should be aware? (e.g. moves, illnesses, deaths, fears)

What are your child's strengths and special interests?

In what areas does your child need support or encouragement?

What do you hope your child will learn in kindergarten?

Would your child do better if assigned to a different classroom from any particular child?

READINESS

Please check activities your child can do:

Remembers short messages ❑ Follows two or more directions at one time ❑

States: ❑ address ❑ telephone number ❑ birthday

Identifies: ❑ colors ❑ shapes ❑ letters ❑ numbers

Reads: ❑ signs ❑ easy words ❑ sentences ❑ books (independently)

Dresses self ❑ Repeats familiar nursery rhymes ❑

(continued)

SPECIAL NEEDS

Is there a family history of learning difficulties? Please specify.

Has your child received any special education services under federal and state disability laws? Please specify.

Do you have any concerns about your child which might indicate a need for special services? Please specify.

OTHER INFORMATION

What else would you like us to know about your child so that she/he may have a positive experience in kindergarten?

Signature

Date