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Preschool/Kindergarten Developmental History

Child's Name: _____

Date of Birth: _____

Developmental History

Age child began: sitting: _____ crawling: _____ walking: _____ talking: _____

Any speech difficulties? Explain

Language(s) spoken at home? _____

Health

Birth History:

Serious illnesses, hospitalizations or remarkable medical history? Explain:

Does your child have any special physical conditions, disabilities or allergies?

Explain? _____

Does your child take any medications regularly? _____

Eye glasses? Hearing Aides? _____

Eating Habits

Special characteristics or difficulties?

Favorite food/Foods refused:

Child eats with: spoon fork hands other:

Toilet Habits

How does child indicate bathroom needs (include special words)?

Is child reluctant to use the bathroom? Does child have

accidents? _____

Sleeping Habits

Does child become tired or nap during the day (include when and how long)?

What time does child go to bed at night: Awake in morning:

Describe any special characteristics or needs (stuffed animal, story, mood on waking).

Social Relationships

How would you describe your child's personality?

How does your child do with same age peers in a group or in a one on one setting:

Reaction(s) to strangers: _____

Able to play alone: _____

Daily Schedule

Describe your child's schedule on a typical day:

School Experience

Has your child had previous preschool/school/day care experience? If so, how did your child adjust to school/day care? Explain

Name of School(s)

How Long

Did your child's teacher ever indicate to you that your child might be gifted? Explain

What makes you think your child might be gifted?

What would you like your child to gain from being in the gifted program?

Anything else you would like me to know about your child?

Parent/Guardian Signature:

Date: