POINT LOMA COMMUNITY CHURCH PRESCHOOL

DEVELOPMENTAL HISTORY

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(Name of Child)

What previous group experience has your child had? What were his/her reactions?

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How does your child react to baby sitters, new people, or new situations?

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Is your child more comfortable with adults or children of similar age?

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What are your child’s special interests?

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What kinds of things can your child do by her/himself?

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Has your child seen a physician regarding vision, hearing, speech, dental or other screening? If so, please explain whether routine or other.

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Are there any members of your child’s family with health problems?

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Has your child had any severe illnesses or surgery during his/her childhood?

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What kinds of discipline do you use? Does it work?

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Name and age of siblings.

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Does anyone assist you in the care of your child currently?

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Does your child have any fears we should be aware of?

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Does your child have any pets? If so, how many and what?

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What languages are spoken at home?

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What else would you like us to know about your child or family?

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What special days/events/holidays do you celebrate in your home? How do you celebrate them?

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How would you like our program to support or reflect your celebrations?

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Would you be willing to share your traditions or celebrations with the children?

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