



Pre-Primary Developmental Record

General Health

Name of child:

Birth weight:

Current weight:

Difficulties in pregnancy or birth:

Breast-fed:

for how long

Describe your child's general health: (easily fatigued, frequent colds, etc.)

Has your child ever had a comprehensive medical check-up?

By whom?

Is your child seeing a specialist?

Specify:

Health Record

Diseases:

At age:

Measles

German measles

Chicken pox

Mumps

Whooping cough

Diphtheria

Any other diseases

Any operations

Any disabilities

General Development

1. Walking: At which age did your child begin to walk?

Spontaneous:

With coaching:

How did your child move about before walking?

2. Speech: At which age did your child begin to talk?

Describe your child's ability to speak: (clear, rapid, stutter, stammer, etc.)

In which language does your child feel most confident?

3. Vision: Does your child have good vision?

Has your child's vision been professionally checked?

4. Teeth: At which age did your child cut his/her first teeth:

Any teething difficulties?

Has your child visited a dentist?

Date of last examination:

5. Sleep: Describe your child's sleep: (restlessness, wakeful, bed-wetter, nightmares, etc)

At which time does your child normally go to bed?

6. General: Any particular habits: (thumb-sucking, nail-biting, fear of dark, etc)

Does your child have a good appetite?

Any other information you think the school should have:

Independence

Can your child dress and undress himself/herself?

Is your child potty-trained?

Has he/she been separated from the parents before?