



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?