



ST. THOMAS THE APOSTLE CATHOLIC SCHOOL

Nascantur in Admiratione
"Let Them Be Born in Wonder."

LITTLE SAINTS PRESCHOOL/DAYCARE STUDENT DEVELOPMENTAL HISTORY

Child's Name: _____

Nickname: _____ Birth date: _____

How would you describe your child's personality (typical outlook?)

DAILY LIVING

What is your child's typical eating pattern? Breakfast? _____

Lunch? _____ Snacks? _____

What foods does your child like? _____

What foods does your child dislike? _____

How well does your child use table utensils (cup, fork, spoon)? _____

How does your child indicate bathroom needs? _____

Word(s) for *urination*: _____

Word(s) for *bowel movement*: _____

Special words for *body parts*: _____

How often does he/she use the bathroom? _____

What are your child's regular sleeping patterns? _____

Awakes at _____ Naps at _____ Goes to bed at _____

What help does your child need to get dressed? Putting on clothes? _____ Jacket? _____

Shoes? _____ Socks? _____ Buttons? _____ Zippers? _____ Snaps? _____ Buckles? _____

SOCIAL RELATIONSHIPS/PLAY

What ages are your child's most frequent playmates? _____

Is your child (circle all that apply) friendly? aggressive? shy? withdrawn?

Does your child need extra time /preparation to change from one activity to another?

Does your child play well alone? _____ In groups? _____

What is your child's favorite toy? _____

What is your child's favorite activity? _____

Is your child frightened by (circle all that apply) animals? rough children?
loud noises? new experiences? the dark? storms? anything else? _____

Who does the most disciplining? _____ What works best when you
discipline your child?

With which adults does your child have frequent contact? _____

How do you comfort your child? _____

Does your child use a special comforting item (such as a blanket, stuffed animal, doll)?

What is the child's role in family (e.g. brothers, sisters?) What responsibilities does he
have? _____

PARENT GOALS

Did you choose our program based on philosophy of education? _____

What are your goals for your child? _____

Parent signature _____ **Date** _____