





Physical

Use the space below to describe your child's Physical Development. List anything that may be helpful in regards to their birth, hospitalizations, allergies, hearing, vision, muscle control, etc. \_\_\_\_\_

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Explain your family life. Who does your child live with? What responsibilities does your child help you with around the house? What routines are they familiar with for eating, sleeping, bathroom, getting dressed, etc.? \_\_\_\_\_

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Express your child's interests. What pets do you have? What are their favorite indoor or outdoor activities? Do they have a favorite book or story? Any hobbies, sports, or groups that your child regularly attends? Where have they traveled? \_\_\_\_\_

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Social/Emotional

Describe your child's social/emotional skills. List experiences that may involve some of the following: notices when others are hurt or upset, like pausing or looking sad when someone is crying; looks at your face to see how to react in a new situation; etc. \_\_\_\_\_

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Language/Communication

Describe your child's language and communication skills. List experiences that may involve some of the following: points to things in a book when you ask, like "Where is the bear?"; says at least two words together, like "More milk."; points to at least two body parts when you ask him to show you; uses more gestures than just waving and pointing, like blowing a kiss or nodding yes; etc. \_\_\_\_\_

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Cognitive

Describe your child's cognitive abilities like learning, thinking, and problem-solving. List experience that may involve the some of the following: holds something in one hand while using the other hand; for example, holding a container and taking the lid off; tries to use switches, knobs, or buttons on a toy; plays with more than one toy at the same time, like putting toy food on a toy plate; etc. \_\_\_\_\_

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Movement

Describe your child's movements. List experience that may involve the some of the following: kicks a ball; runs; walks (not climbs) up a few stairs with or without help; eats with a spoon; etc. \_\_\_\_\_

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Miscellaneous

Does your child have any fears or areas of cautiousness? \_\_\_\_\_

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Miscellaneous (cont.)

What are some things you and your child do together? \_\_\_\_\_

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Is there anything your child does or does not do that concerns you? \_\_\_\_\_

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What are your goals for your child at Westminster School for Young Children this year? \_\_\_\_\_

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In one million words or less, is there anything else about your child that we should know? (You can use the back if necessary.) \_\_\_\_\_

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Person Completing This Form \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_