## **Social Development**

Child's Name			_ Sex	Nickr	Nickname	
Address			<u>.</u>	Birth Date _	/_	
Parent/Guardian Nan	nes	Pł	none(H)		_(C)	
Early Childhood/Socia	al Experience					
Has your child attend	ed preschool or dayo	care?Yes	No			
If yes, where and for	how long?					
May we contact the p	ore-school? Ye	es No				
Teacher's Name						
Is a language other th	nan English spoken in	the home?	Yes	_ No		
If so, what language?						
Handedness Le	eft Right					
Behavior: Please	check any of th	e following tha	at descr	ibes your c	hild:	
Нарру	Shy	Anxious	G	ood Natured		Quiet
Moody	Awkward _	Independent		Attentive		Stubborn
Unhappy	Aggressive _	Outgoing	V	Vithdrawn		Impulsive
Perfectionist	Nervous	Angry	F	riendly		Sensitive
Separates easily fr	rom parent O	ther:				
Communication	General Develo	pment Behavi	<u>or</u>			
Is your child able to	listen to a story fo	r fifteen minutes?	P Yes	No		
Can your child follo	w one-step direction	ons? Yes I	No			
Can your child follo	w two-step direction	ons? Yes I	No			
Does your child hea	r/understand mos	t speech and conv	ersation	in the home?	? Ye:	s No
Can your child's spe	ech be easily unde	rstood by others?	) Yes	No		

Please check the self-help tasks your child is able to complete independently:
dressing washing toiletingzippingtying shoes
Please check the materials your child can use appropriately and independently:
crayons scissors pencil paint
Can your child write his/her first name independently? Yes No
General:
Do you have any concerns about your child entering school?
Is there any other information of which you feel that the school should be aware concerning your child? For example, have there been any recent, significant events in the family (e.g. birth, death, serious illness, separation/divorce, remarriage)? Please detail any information that will assist school staff to know your child better.
Parent/Legal Guardian Signature:
Date: / /