

Knightsdale UMC Preschool

Student History Form

2022-2023

Student Information

Name: _____

Date of Birth: _____

Languages Spoken at Home: _____

Parent/Guardian Information

Name: _____

Cell Phone #: _____

Address: _____

Parent/Guardian Information

Name: _____

Cell Phone #: _____

Address: _____

Health and Medical History *****Please return a copy of your child's current immunization record with this form.

Is your child cared for by any of the following:

- Neurologist
- Developmental Pediatrician
- Psychologist/Counselor/Therapist
- Psychiatrist

Has your child experienced any of the following:

- Chronic Medical Condition
- History of Abuse
- Surgery - In-patient or Out-patient
- Seizures

Is your child on any prescribed medications?

- No
- Yes - Please list: _____

Has your child had a hearing test?

- No
- Yes - Passed Failed Unable to Test

Has your child had a vision test?

- No
- Yes - Passed Failed Unable to Test

Any Concerns on your child's hearing or vision?

Speech/Language Development - How does your child currently communicate?

- Word approximations (with or without gestures)
- Single Words
- Short Phrases (2-3 words)
- Complete Sentences

Has your child experienced regression of their language skills? Yes No

Development Milestones - Check All that Apply

- Sitting Independently
- Crawl / Walks Independently
- Toilet Trained
- Working on Toilet Training
- Can dress him/her self
- Can feed him/her self

Academic and Developmental Information

Do any of the following apply to your child?

- This is our first preschool experience
- Frequently absent from preschool
- Dislikes going to preschool
- Been asked to leave an Early Childhood Program
- Had to repeat a class due to developmental delays

Will your child need to receive any services during the preschool day?

- No
- Yes **If you checked YES, please see the director to coordinate dates and times of services needed.

Does your child currently receive any of the following services?

- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Counseling
- Social Skills
- Applied Behavioral Analysis (ABA)

Any developmental concerns you may have?

Social/Emotional Communication Behavior

Do any of the following apply to your child (now or in the past)?

- Speech/language delay
- Poor Eye Contact
- Strong and/or intense interests
- Unusual Interest (ie: lights, street signs, train signals, etc)
- Strong sensory interests and/or aversions (i.e. upset by loud noises, haircuts; enjoys watching movement of objects like the wheels on a toy car; spinning)
- Motor mannerisms (i.e. hand flapping, toe-walking)
- Not using gestures to communicate (i.e. pointing, waving)
- Insistence on sameness and/or distress with changes in routines
- Social differences (i.e. disinterest in peers, inappropriate during social interactions)
- Regression of skills

Do you have any specific concerns about your student's emotional and/or behavioral functioning? If yes, please explain:

Is there any other information you would like to provide about your student?