



Student Developmental History Form

Please Print All 5 Forms in the Student Information Packet and Mail to:
160 Avenue of the Commons, Shrewsbury, NJ 07702

Age at Which Child...

| | |
|--|--|
| Sat Alone | Crawled on Hands & Knees |
| Walked | Named Simple Objects |
| Slept Alone | Repeated Short Sentence |
| Slept Through Night | Spoke in Full Sentences |
| Began Toilet Training | |
| Word Child Uses for Urination | Word Child Uses for Bowel Movements |

Habits and Routines: Does child...

| | |
|--------------------------------------|--------------------------------------|
| Dress Self | |
| Undress Self | |
| Eat Breakfast | @ What Time |
| Eat Lunch | @ What Time |
| Have Dietary Restrictions | Yes No |
| | Please Explain if Yes |

| | | | |
|--|-------------------|--|-------------------|
| Time When Child Sleeps at Night | | Time When Child Awakens | |
| Does Child Have Own Room? | Yes No | If Not, with Whom? | |
| Does Child Sleep Well? | Yes No | Does Child Awaken During Night? | Yes No |
| Does Child Have Nightmares Often? | Yes No | Has Child Had Group Play Experiences? | Yes No |
| What are Child's Favorite Indoor Play Activities | | | |
| What are Child's Favorite Outdoor Play Activities? | | | |
| Does Child Have Neighborhood Playmates? | Yes No | Is Television Viewing Limited in Your Household | Yes No |
| When and With Whom Does Child Watch Television? | | | |
| Does Child Have Access to Computers or Other Technology? | Yes No | How Much Time per Day Does Child Play on Technological Resources? | |
| Does Child Have Any Special Fears of Which You are Aware? | Yes No | Please Explain if Yes | |
| Any Speech Problems You Have Noticed? | Yes No | Any Other Concerns Of Which We Should Be Aware? | |

**Which Languages
Are Spoken In Your
Home?**

**What Family
Activities Does Your
Child Enjoy?**

**Please Provide
Examples Of Child's
Favorite Learning
Activities. (e.g. Math
Games, Reading)**

**How Can CLC Best
Support Your Family's
Goals For Your
Child's Education?**

**What Method Of
Behavior Control is
Used in Your Home?**

**What is Your Child's
Usual Reaction?**

**How Would You
Describe Your Child's
Personality?**
