



# SAINT GABRIEL SCHOOL



*A Catholic Community Devoted to Academic Excellence and Christ's Call to Discipleship*

## Social / Development History

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ History given by: \_\_\_\_\_ Date: \_\_\_\_\_

The following questionnaire is to help identify your child's strengths and weaknesses so that we can better meet individual needs in preschool.

**FAMILY – Please list the people living in the child's home.**

Full Name	Birth Date	Relationship to Child	Grade Completed

### LANGUAGE DEVELOPMENT

Approximately when did your child first say: ...	Words:	Sentences:
Please check present language patterns:		
Clear speech:	Stutters:	Lisp:
Can express ideas effectively:		Specific sound substitutions:
Understands spoken words:		
Uses single words:	Phrases:	Sentences:
Are other languages spoken in the home:	Yes:	No:
Which ones:	How often:	

### MOTOR DEVELOPMENT

Approximately what age did your child:	Sit:	Crawl:	Stand:	Walk:
Become toilet trained:				
Any toilet accidents? Yes:	No:	Day:	Night:	How often:

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**Please check present motor skills.**

Runs:	Uses Crayons:
Climbs stairs correctly:	Uses Pencils:
Hops:	Uses Scissors:
Rides tricycle or bicycle:	
Skips:	Hand Preference: Right:      Left:      Both:
Throws and catches ball:	
Balances on one foot:	
Seems well coordinated:	

**READINESS**

**Please check activities your child can do.**

Writes name:
Remembers short messages (word for word):
Follows 2-3 step directions:
Recognizes: Numbers: Color:      Letters:      Words:      Dresses self:
Shows imagination in:
Storytelling:
Drawing:
Building and making things:
Play activities:
Other:

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### HEALTH (check all appropriate items)

Has satisfactory sleeping habits:	Is generally in good health:
Requires little sleep:	Experiences nightmares:
Is extremely active:	Is quiet, lethargic:
Is subject to bedwetting:	Frequent Colds:
Ear Infections:	High fevers:
Eating problems:	Vision problems:
Allergies (explain):	Surgery (explain):
Hearing problems:	Accidents (explain):
Hospitalization (explain):	Other:

### SOCIAL DEVELOPMENT (please check)

	Often	Sometimes	Rarely
Makes friends easily			
Can amuse him/herself			
Separates easily from parent			
Uses self-control			
Is confident and self-assured			
Finishes one task before starting another			
Joins in group activities readily			
Can be trusted			
Shares easily			
Cleans up after self			

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### BEHAVIORAL HISTORY (please check)

	Often	Sometimes	Rarely
Bites nails			
Sucks thumb			
Has temper tantrums			
Is overly sensitive			
Is afraid of new situation			
Is fearful			
Is very dependent upon others			
Naps during the day			
Prefers to play alone			
Listens to a story read aloud			
Watches TV			

### DEVELOPMENT HISTORY (please check)

Pregnancy: Normal:

Problems (explain):

Medication:

Full Term:

Premature:

Baby's condition at birth:

Birth weight:

Healthy:

Complications:

Specify any medical problems:

Has your child experienced any unusual emotional stress? If yes, please explain: