



# Meeting Street Bright Futures

## Developmental History

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

1. Is this your child's first classroom experience?      Yes                      No

If no, where/when did they attend before?

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2. Describe your child's disposition (i.e.: happy, excitable, shy, curious)

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3. Has your child's hearing and vision been tested?      Yes                      No

If yes, please elaborate (where/when/results):

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4. Is/Was your child involved with Early Intervention?      Yes                      No

If yes, please elaborate:

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5. Other than his or her pediatrician, does your child see any other doctors?

Yes                      No      If yes, please elaborate:

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6. Is your child receiving any therapeutic services from a school department or private agency? Yes      No      If yes, please elaborate:

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7. Do you have any concerns about your child's development (i.e.: speech, fine motor, gross motor, social interactions, behavior)? Yes      No      If yes, please elaborate:

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8. Is there anything else you would like to share that will help us understand your child better?

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