FORM E

HINGHAM PUBLIC SCHOOLS

220 Central Street
Hingham, MA 02043

ELEMENTARY DEVELOPMENTAL HISTORY

Please respond to all questions as fully as possible to help us determine the manner in which we can best meet your child's needs in kindergarten.

Child's Legal Name:_____ Gender: Male ❑ Female ❑ Non-Binary ❑
Last First Middle

What name would you like your child to be called in school?_____

Birth Date: _____

Child lives with: ❑ Both parents ❑ Mother only ❑ Father only

❑ Other. Please specify _____

Child's household includes the following siblings, family members, or friends:

Name	Age	Relationship

Language(s) spoken in the home: _____

Has your child had previous school or group experiences? If yes, please note below.

Place:_____ Date:_____

Place:_____ Date:_____

HEALTH

Child's birth was: ❑ full term ❑ premature

Please describe any prenatal or birth complications.

_____

_____

_____

Please describe your child's history of:

Vision problems: _____

Allergies. Please specify:_____

Hearing problems, including chronic ear infections, tubes, etc.: _____

_____

Has your child had major illnesses, injuries, surgeries, or hospitalizations? Please describe.

_____

_____

Has your child been evaluated by a specialist (i.e. psychologist, speech pathologist, physician, educational specialist)? If so, please note below and provide us with copies of the report(s).

Has your child participated in early intervention programs? ❑ Yes ❑ No

Please describe your child's sleeping habits (i.e. naps daily, wakes throughout the night, sleeps 8 hours, etc.).

MOTOR DEVELOPMENT

At approximately what age did your child first:

Sit?_____ Crawl?_____ Stand?_____ Walk?_____ Become toilet trained?_____

Please check the motor skills your child has acquired:

- ❑ Runs
- ❑ Hops
- ❑ Skips
- ❑ Balances on one foot
- ❑ Climbs stairs
- ❑ Rides tricycle or bicycle
- ❑ Throws and catches a ball
- ❑ Uses crayons
- ❑ Uses pencils
- ❑ Uses scissors

Child has developed: ❑ right-handedness ❑ left-handedness ❑ undecided

LANGUAGE DEVELOPMENT

At approximately what age did your child first:

Speak words?_____ Sentences?_____

Describe how your child engages in conversation outside and inside the home.

Do you have concerns about your child's speech or language development? If so, please explain.

GENERAL DEVELOPMENT

Please describe your child's social interactions with peers.

What kind of indoor and outdoor play activities does your child prefer?

How physically active is your child?

What is your child's average screen time (TV and other electronic devices) per day? _____

How often does someone read to your child? _____

Describe how your child uses his/her imagination throughout the day (i.e. storytelling, dancing, drawing, etc.).

_____

How does your child communicate his/her feelings?

_____

Have there been significant experiences in your child's life you would like to share?

_____

_____

What are your child's strengths and special interests? _____

Are there specific areas your child might benefit from additional support? _____

Would your child do better if assigned to a different classroom from any particular child? _____

_____

SPECIAL NEEDS

Is there a family history of learning difficulties? Please specify.

_____

_____

Has your child received any special education services under federal and state disability laws? Please specify.

_____

_____

Do you have any concerns about your child which might indicate a need for special services? Please specify.

_____

_____

OTHER INFORMATION

What else would you like us to know about your child so that she/he may have a positive experience in kindergarten?

_____

_____

_____

_____ _____

Signature Date