

**Hanover Public Schools  
Early Childhood Developmental Questionnaire**

**Dear Parent:**

*This questionnaire is designed to help us get to know your child as you have seen him or her develop in the early years at home. This information, along with other observations, will help us plan the best start in school for your child.*

<b>Child's Name</b> _____	
<b>Address</b> _____	<b>Telephone</b> _____
<b>Date of Birth</b> _____	<b>Today's Date</b> _____

<b><u>Child's School History</u></b>	
Has your child attended school before?	Yes    ___                      No    ___
Type of school (i.e. nursery, preschool, Montessori):	_____

**Child's Status in Family**

*Please provide names and ages of all your children:*

Name	Age	Name	Age

**Parent Information**

*Please provide the following information:*

	Parent 1	Parent 2
<b>Name</b>		
<b>Occupation</b>		
<b>Place of Employment</b>		

<p><b>Has any family member or close relative had learning difficulty in school? Yes    ___                      No    ___</b>  <i>If yes, please describe.</i></p>
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Please check whichever describes your child.

**1. PLAY**

How does your child play with other children?

<input type="checkbox"/>	Has a lot of friends	<input type="checkbox"/>	Plays mainly with brothers and sisters
<input type="checkbox"/>	Prefers one or two others	<input type="checkbox"/>	Prefers to play alone

What does your child like to play?

<input type="checkbox"/>	Prefers outdoor activities	<input type="checkbox"/>	Likes both equally
<input type="checkbox"/>	Prefers indoor activities	<input type="checkbox"/>	

When your child plays:

<input type="checkbox"/>	Occupies self by finding and doing own activities	<input type="checkbox"/>	Gets bored easily in any one activity
<input type="checkbox"/>	Needs adult involvement much of the time	<input type="checkbox"/>	

In using a pencil:

<input type="checkbox"/>	Writes name or part of name	<input type="checkbox"/>	Mostly scribbles
<input type="checkbox"/>	Draws recognizable pictures	<input type="checkbox"/>	Has no interest in writing or drawing

In using scissors:

<input type="checkbox"/>	Is able to cut with supervision	<input type="checkbox"/>	Not allowed to cut
<input type="checkbox"/>	Has difficulty cutting	<input type="checkbox"/>	

What hand does your child use?

<input type="checkbox"/>	Left	<input type="checkbox"/>	Right
<input type="checkbox"/>	Both	<input type="checkbox"/>	

**2. DRESSES SELF:**

<input type="checkbox"/>	Buttons	<input type="checkbox"/>	Snaps
<input type="checkbox"/>	Zips	<input type="checkbox"/>	Buckles
<input type="checkbox"/>	Ties	<input type="checkbox"/>	

**3. COMMUNICATING:**

Which of these best describes your child's speech?

<input type="checkbox"/>	Speaks clearly most of the time	<input type="checkbox"/>	Has some difficulty making self understood
<input type="checkbox"/>	Hard to understand, especially by those outside the family	<input type="checkbox"/>	

When listening/following directions: (For example, if willing, can you send your child to find two things not in their usual places from verbal descriptions?)

<input type="checkbox"/>	Easily understands what is said	<input type="checkbox"/>	Needs things repeated
<input type="checkbox"/>	Sometimes unsure or confused	<input type="checkbox"/>	Only follows short directions or parts of long directions

Does your child misinterpret what is said?

<input type="checkbox"/>	Never	<input type="checkbox"/>	Sometimes
<input type="checkbox"/>	Often	<input type="checkbox"/>	

**4. LISTENING TO STORIES BEING READ:**

Does your child misinterpret what is said?

<input type="checkbox"/>	Never	<input type="checkbox"/>	Sometimes
<input type="checkbox"/>	Often	<input type="checkbox"/>	

Listening to stories being read, continued

Stories:

	Remembers the story, anticipates what is coming and often fills in words		Does not seem to remember the story from one time to the next
	Sits and listens to complete story		Asks for favorite story

Songs, Poems:

	Repeats short songs, poems, or nursery rhymes		Remembers only a few lines
	Can not repeat songs and poems		

**5. DESCRIBE COMPUTER AND TELEVISION HABITS: (time spent, enjoyment, etc.)**

Computer habits:
Television habits

**6. BEHAVIOR DESCRIPTION:**

	Friendly		Independent
	Shy		Stubborn
	Cooperative		Difficult
	Overactive		Tires Easily
	Moody		<i>Other?</i>

**7. DEVELOPMENTAL HISTORY**

<b>MOTOR DEVELOPMENT</b>	<b>0 - 6 month s</b>	<b>6 - 12 month s</b>	<b>12 - 18 month s</b>	<b>2 years</b>	<b>3 years</b>	<b>4 years</b>	<b>5 years</b>
In and out of sitting position							
Began to crawl							
Walked alone at least five steps							
Began to run							
Jumped with two feet							
Began going up stairs alternating feet							
Rode a tricycle							
Pumped a swing							
Caught a big ball thrown from five feet							
Kicked a ball							

<b>FEEDING DEVELOPMENT</b>	<b>0 - 6 month s</b>	<b>6 - 12 month s</b>	<b>12 - 18 month s</b>	<b>2 years</b>	<b>3 years</b>	<b>4 years</b>	<b>5 years</b>
Went on solids							
Used fingers to feed self							
Began to use spoon							
Began to drink by self							
Used straw to drink							

<b>LANGUAGE DEVELOPMENT</b>	<b>0 - 6 month s</b>	<b>6 - 12 month s</b>	<b>12 - 18 month s</b>	<b>2 years</b>	<b>3 years</b>	<b>4 years</b>	<b>5 years</b>
Began babbling							
Spoke first word							
Said five words							
Began to put words together (i.e. Mama bye-bye)							
Spoke mostly in two to three word sentences							

**Do you have any concerns about your child's development?** Yes \_\_\_\_ No \_\_\_\_  
*If yes, please explain.*

**Has your child ever been tested for speech, language, motor, or other concerns?** Yes \_\_\_\_ No \_\_\_\_  
*If yes, please explain.*

**Has your child ever received services for speech, language, motor, or other concerns?** Yes \_\_\_\_ No \_\_\_\_  
*If yes, please explain.*

**Please provide any other pertinent information of which the school should be aware.**