

Our Saviour Lutheran Preschool Child Development Inventory

We want to create a positive, caring relationship between your child and their teacher. The information you provide about your child’s development, home environment, preferences, and tendencies will empower their teacher to make more insightful decisions about curriculum, classroom management, and interaction with your child. Please complete the following form completely and in detail.

My child is a: girl () boy ()

Your child’s name: _____
First
Middle
Last

Child’s Nickname _____

Birthday: _____
Month
Date
Year

1. Describe how your child gets along with other children:

2. How many playmates does your child have? _____

3. Do their Playmates tend to be: (Circle answers that apply)
 Older Younger Same age Same Gender Opposite Gender

4. What are some of your child’s favorite activities and interest:

5. Does your child have regular responsibilities at home? Yes () No ()
 List: _____

6. How do you usually discipline your child? _____

7. How does your child react when you discipline them? _____

8. Is either parent gone for long periods of time? Yes () No ()
If so, please describe: _____

9. Does your child prefer to use their: Right Hand () Left Hand ()
Either Hand ()

10. Can your child:
Put on coat? Yes () No () Fasten zipper? Yes () No ()
Button clothes? Yes () No () Tie Shoes? Yes () No ()
Put on boot? Yes () No ()
Attend to bathroom needs Yes () No ()

11. List special health problems or needs your child has that their preschool should be aware of? (physical limitations, allergies, etc.)

12. Has your child had any serious illnesses or been hospitalized?

13. What communicable illness has your child had?

14. Does your child take medication regularly? Yes () No ()
Explain: _____

15. Are you concerned with any of the following?
Temper tantrums Yes () No () Fears Yes () No ()
Timidity Yes () No () Aggressiveness Yes () No ()
Nervous habits Yes () No () Sleeping Habits Yes () No ()
Reaction to authority Yes () No () Eating Habits Yes () No ()

16. What special help would you like your child to receive? _____

17. Describe your child briefly: _____

Parents signature _____ Date _____