

# UPPER ST. CLAIR SCHOOL DISTRICT

## CHILD DEVELOPMENT INVENTORY

It will be most helpful to the Kindergarten teacher to know as much as possible about your child's background and social and emotional growth. Please complete this form in detail.

**NOTE: The completion of this form is optional and any section may be excluded.**

Child's Name: \_\_\_\_\_  
  First  Middle  Last

Name child is generally called or should learn to print: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Does any other person, other than immediate family, live in the home? \_\_\_\_yes \_\_\_\_no  
If so, who? \_\_\_\_\_

How will your child be transported to and from school? \_\_\_\_car \_\_\_\_bus \_\_\_\_walk

If your child receives child care outside of your home, either before or after school, list the name of the provider: \_\_\_\_\_

How many years of preschool experience does your child have? \_\_\_\_\_  
Where? \_\_\_\_\_ Dates: \_\_\_\_\_

Please indicate special activities, interests or aptitudes of the child.

\_\_\_\_\_

How do you feel your child gets along with other children? \_\_\_\_\_

\_\_\_\_\_

Does your child prefer to play alone or with others? \_\_\_\_alone \_\_\_\_with others

In a group situation, will your child assume a leadership role? \_\_\_\_yes \_\_\_\_no  
Please explain: \_\_\_\_\_

How does your child behave when displeased or frustrated? \_\_\_\_\_

\_\_\_\_\_

Should discipline be necessary, how does your child react to receiving disciplinary consequences? \_\_\_\_\_

\_\_\_\_\_

List recent significant experiences your child may have had, i.e. a family move, serious illness, death in the family, special travel, acquisition or loss of a pet, a new baby in the family, etc.

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Is your child burdened by any unpleasant experiences at the present time? \_\_\_\_ yes \_\_\_\_no

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Which hand does your child prefer to use for writing/drawing? \_\_\_\_right \_\_\_\_left

Can your child:

	YES	NO		YES	NO
Tie own shoes			Button clothes		
Put on coat			Put on boots		
Fasten zippers			Give address		
Print name			Give telephone number		

Are you concerned with any of the following:

BEHAVIOR/CONCERN	YES	NO
Temper Tantrums		
Timidity, Fears		
Nervous Habits / Anxiety		
Sleeping Habits		
Bathroom Habits		
Speech Concerns		
Aggressiveness		
Reaction to Authority		
Eating Concerns		
Hearing Concerns		
Eyesight Concerns		
Physical Concerns		

If you answered YES to any of the above, please explain:

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Does your child receive any outside services? (i.e. PT, OT, Speech / Language Services, Behavior Therapy, Mobile Therapy, Private Therapy, BSC/TSS) \_\_\_\_ yes \_\_\_\_no

If yes, please include the service, service provider, and timeline. \_\_\_\_\_

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Does your child have any special health problems or needs with which the Kindergarten teacher should become familiar, i.e. physical limitations, allergies, etc.

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Does your child take any medication regularly? \_\_\_\_yes \_\_\_\_no

For what? \_\_\_\_\_

What effect does this medication have on your child? \_\_\_\_\_

\_\_\_\_\_

Should this medication be given during school hours? \_\_\_\_yes \_\_\_\_no

**(NOTE: Parents must follow the school district's medication policy for medication to be dispensed at school. Consult the school nurse for policy and form.)**

If you feel that your child may not be ready for Kindergarten in the fall due to any reason, please contact the school counselor at the building where your child will attend.

**BAKER SCHOOL**  
**Mrs. Kristin Rose**  
**412-833-1600 x4010**

**EISENHOWER SCHOOL**  
**Mrs. Amy Miller**  
**412-833-1600 x8010**

**STREAMS SCHOOL**  
**Mrs. Leslie Smirniw**  
**412-833-1600 x6010**

Please add any additional information that you feel will ensure a positive school transition experience.

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Revised Jan. 2022