

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: ____/____/____

Mother's Name: _____ Father's Name: _____

Mother's Address: _____
 House number and street zip code

Father's Address: _____
 House number and street zip code

Phone: _____
 Home Work Cell

E-Mail Address: _____

Who does the child live with?

____ Mother ____ Father ____ Stepmother ____ Stepfather ____ Grandmother ____
____ Grandfather ____ Guardian

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 childcare 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.

Is your child burdened by any unpleasant experiences at the present time? _____ yes _____ no

Which hand does your child prefer to use for writing/drawing? _____ right _____ left

Does your child use left-handed scissors? _____ yes _____ no

Are you concerned with any of the following:

BEHAVIOR	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 Handicaps		

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

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. _____

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		

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

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 OR if you would like to schedule a pre-kindergarten screening, please contact the guidance 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.