THE EXPEDITION SCHOOL

Health and Developmental Information

Complete for Kindergarteners only!

Child's Name	Parent/Guardian 1 Name
Male Female	Work Phone
Birth date	Parent/Guardian 2 Name
Home Phone	Work Phone
	Home Address

I. Health History

A. Illnesses

1. Does your child have, or has your child had in the past, any of the following: (Check all that apply.)

❑ Allergies	❑ Diabetes
❑ Anemia	❑ Heart condition
❑ Arthritis	❑ Kidney condition
❑ Asthma	❑ Low blood sugar
❑ Autism	❑ Meningitis
❑ Bleeding disorder	❑ Neuromuscular disease
❑ Cerebral palsy	❑ Orthopedic disability
❑ Chicken pox	❑ Pneumonia
❑ Coughs/colds (frequent)	❑ Rheumatic Fever
❑ Cystic Fibrosis	❑ Seizures Sickle cell disease
❑ Ear infections (frequent)	❑ Vision impairment
❑ Gastrointestinal disorder	❑ Whooping cough
❑ Hearing impairment	❑ Other

Explain any items checked above:

2. Does your child take any medications?

- ❑ Yes
- ❑ No

Explain:

3. Has your child ever had a serious accident or injury?

- ❑ Yes
- ❑ No

Has your child been knocked unconscious?

- ❑ Yes
- ❑ No

Explain:

4. Has your child ever had a fever of 104° or higher for more than a few hours?

- ❑ Yes
- ❑ No

Did your child experience seizures with the fever?

- ❑ Yes
- ❑ No

Explain:

II. Preschool Education Experiences

A. How many years and/or months has your child spent in any of the following?

- ❑ Home day care _____
- ❑ Day care center _____
- ❑ Head Start/Pre-K _____
- ❑ Home with parent(s) _____
- ❑ Home with babysitter _____
- ❑ Other _____

III. Parental Concerns

If you believe your child has a special need, please check your concern from the following:

- ❑ **Behavior** – tantrums; is not able to accept limits; resists or refuses requests; is very shy; trouble getting along with other children; easily frustrated; hits, shoves, bites others.
- ❑ **Social Skills** – does not play well with other children; does not separate easily from parent; will not work in a group; is left out of peer activities.
- ❑ **Speech/Language** - speech is unclear or garbled; stutters; difficulty expressing what he/she wants or needs; often needs instructions repeated.
- ❑ **Self-help** – toilet difficulties or accidents; feeding or dressing problems.
- ❑ **Attention** – distracted easily; short attention span; jumps from one thing to another.
- ❑ **Developmental Delays** – is not learning at an average rate; delays in developmental milestones.
- ❑ **Movement** – clumsy; difficulty using tools; hand/eye coordination problems; poor control of body movement
- ❑ **Hearing** - has trouble hearing; asks you to repeat or talk louder; favors one ear; startles at sudden noises.
- ❑ **Vision** – eyes cross or turn out; squints, rubs eyes; tilts or turns head to focus on something, eyes quiver.

IV. General Comments

Would you like an individual conference with a specialist from the school to discuss any of this information?

- ❑ Yes
- ❑ No

Is there anything else you think we should know?