

**Denville Township Schools
CHILDHOOD INFORMATION**

Lakeview _____

Riverview _____

Valleyview _____

Student's Last Name: _____ First Name: _____ Middle: _____

Student Prefers to Be Called: _____

To the Parents: Would you please assist us in our efforts to better meet the educational needs for your child by marking those items you wish to share with school personnel:

Health Information

Yes No

Was this a full term pregnancy (9 months)?	___	___
Was this a normal birth?	___	___
Did your child suffer a loss of oxygen at birth?	___	___
Does your child have a birth defect?	___	___
Does your child have any allergies?	___	___
Does your child take any medications regularly?	___	___
Is your child on a special diet?	___	___
Has your child had any serious head injury/concussion?	___	___
Has your child suffered convulsions, seizures, or unconsciousness?	___	___
Does your child appear to see normally?	___	___
Does your child appear to hear normally?	___	___

Developmental Information (Pre-Kindergarten)

Did your child walk before two years of age?	___	___
Do other people generally understand your child's speech?	___	___
Does your child use the toilet alone?	___	___
Does your child remember directions and carry out simple jobs?	___	___

Behavioral Information

Does your child appear to be extremely active?	___	___
Is your child often unhappy?	___	___
Is your child extremely fearful?	___	___
Does your child often have nightmares?	___	___
Does your child get along with other children?	___	___
Is your child eager to go to school?	___	___
Does your child follow directions willingly?	___	___

Is there any other information about your child that would help the school in planning for his/her education?

Pre-School Experience: Name of School _____
Number of Days Attended _____
Number of Years Attended _____

Parent Name

Signature of Parent / Legal Guardian

Date