



LIGHT OF CHRIST ACADEMY

Montessori and Classical Education

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Developmental History and Background Information

CHILD'S NAME _____ Date of Birth _____

___/___/___

First

Middle

Last

EARLY DEVELOPMENT

Age child began: Sitting _____ Crawling: _____ Walking: _____ Talking: _____

Any Speech difficulties? _____

What languages is your child speaking at home? _____

Describe your child's early development:

Did your child go through any significantly stressful events in early childhood?

Hospitalization Severe Injury Long separation from parent Divorce

Death of a parent, sibling or caregiver Other-Describe:

What works for your child at home that encourages participation or cooperation? Please describe:

When your child is upset, what works to comfort him/her? Please describe:

What expectations do you have as far as communication about your child?

DAILY ROUTINE:

How would you describe your child's day? Please describe one:

Highly structured and predictable

Somewhat structured with fairly regular routines

- Quite flexible depending upon the needs of the day
- Very free flowing with no set routines or meal schedule

Method of behavior management at home. Please explain:

SLEEP

What time does your child start getting ready for bed? _____
 What time is it when he/she generally falls asleep? _____
 What time does he/she generally get up in the morning? _____
 What time does he/she lay down for a nap in the afternoon? _____
 How long does he/she usually sleep during a nap? _____

APPETITE

- Eats heartily
 - Eats very slowly
 - Eats only certain foods
 - Meals usually a struggle
 - Eats most of the meal
 - Prefers to snack throughout the day
- Favorite Foods: _____
- He/she sits up at the table to eat meals
 - He/she gets up and down during meals
 - Eats in front of the TV usually
 - Eats in front of the TV occasionally

CURRENT SKILLS: Please indicate what he/she can do right now.

Put on and takes off his/her clothing:

- | | | |
|-------------------------|---------------------------------|--------------------------------|
| Coat, jacket or sweater | <input type="checkbox"/> Rarely | <input type="checkbox"/> Often |
| Boots | <input type="checkbox"/> Rarely | <input type="checkbox"/> Often |
| Gloves or mittens | <input type="checkbox"/> Rarely | <input type="checkbox"/> Often |

Fastens own clothing

- | | | |
|------------------------|---------------------------------|--------------------------------|
| Zipper | <input type="checkbox"/> Rarely | <input type="checkbox"/> Often |
| Buttons | <input type="checkbox"/> Rarely | <input type="checkbox"/> Often |
| Ties shoelaces or bows | <input type="checkbox"/> Rarely | <input type="checkbox"/> Often |

Drinks without spilling

- | | | |
|--------------|---------------------------------|--------------------------------|
| from a cup | <input type="checkbox"/> Rarely | <input type="checkbox"/> Often |
| from a glass | <input type="checkbox"/> Rarely | <input type="checkbox"/> Often |

Fills glass without spilling	<input type="checkbox"/> Rarely	<input type="checkbox"/> Often
Feeds her/himself		
with a spoon	<input type="checkbox"/> Rarely	<input type="checkbox"/> Often
with a fork	<input type="checkbox"/> Rarely	<input type="checkbox"/> Often
with a knife	<input type="checkbox"/> Rarely	<input type="checkbox"/> Often

Washes his/her hands and face	<input type="checkbox"/> Needs a lot of help	<input type="checkbox"/> Needs a little help	<input type="checkbox"/> Needs no help
Uses the toilet by her/himself	<input type="checkbox"/> Needs a lot of help	<input type="checkbox"/> Needs a little help	<input type="checkbox"/> Needs no help
Follows simple directions without being reminded	<input type="checkbox"/> Needs a lot of help	<input type="checkbox"/> Needs a little help	<input type="checkbox"/> Needs no help
Tells what he/she wants	<input type="checkbox"/> Not yet	<input type="checkbox"/> Not clearly	<input type="checkbox"/> Clearly

SOCIAL DEVELOPMENT

Takes turns with other children	<input type="checkbox"/> Not yet	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Usually
Asks permission before borrowing things	<input type="checkbox"/> Not yet	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Usually
Takes thoughtful care of things he/she uses	<input type="checkbox"/> Not yet	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Usually
Remembers rules to games played	<input type="checkbox"/> Not yet	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Usually
Finishes game even if losing	<input type="checkbox"/> Not yet	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Usually
Fights or cries when he/she doesn't get his/her way	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Usually
Dominates other children	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Usually

Is dominated by other children Seldom Occasionally Often Usually**PHYSICAL DEVELOPMENT****Jumps** Not yet Beginning Well**Skips** Not yet Beginning Well**Hops on one foot** Not yet Beginning Well**Goes up and down stairs** Not yet Beginning Well**Colors with control (within the lines)** Not yet Beginning Well**Builds with blocks** Not yet Beginning Well**Works with puzzles** Not yet Beginning Well**Plays with ball**

Throws it

 Rarely Often

Catches it

 Rarely Often

Bounces it

 Rarely Often**HELP US UNDERSTAND YOUR CHILD'S RANGE OF EXPERIENCES****Looks at books** Not available Not interested Sometimes Often**Likes to listen to radio/cds/story on tape/music** Not available Not interested Sometimes Often**Uses the computer** Not available Not interested Sometimes Often**Uses paint**

<input type="checkbox"/> Not available	<input type="checkbox"/> Not interested	<input type="checkbox"/> Needs Help	<input type="checkbox"/> Uses Well
Uses scissors			
<input type="checkbox"/> Not available	<input type="checkbox"/> Not interested	<input type="checkbox"/> Needs Help	<input type="checkbox"/> Uses Well
Uses Pencil and crayons			
<input type="checkbox"/> Not available	<input type="checkbox"/> Not interested	<input type="checkbox"/> Needs Help	<input type="checkbox"/> Uses Well
Uses clay			
<input type="checkbox"/> Not available	<input type="checkbox"/> Not interested	<input type="checkbox"/> Needs Help	<input type="checkbox"/> Uses Well
Uses paste of glue			
<input type="checkbox"/> Not available	<input type="checkbox"/> Not interested	<input type="checkbox"/> Needs Help	<input type="checkbox"/> Uses Well
Plays on jungle gym/monkey bars/swing/slide			
<input type="checkbox"/> Not available	<input type="checkbox"/> Not interested	<input type="checkbox"/> Needs Help	<input type="checkbox"/> Uses Well
Has a pet(s)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name and type of pet(s): _____	

Parent/Guardian Signature _____ Date ____/____/____