

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_  
 Mother  Father

Parent 2 Name: \_\_\_\_\_  
 Mother  Father

Sibling(s): \_\_\_\_\_

**I. Developmental History**

Accidents: \_\_\_\_\_

Illness: \_\_\_\_\_

Allergies (food, sinus, hay fever, medication): \_\_\_\_\_

Is your child taking any medication  Yes  No

If yes, please list \_\_\_\_\_

Any speech problems?  Yes  No

Any hearing problems?  Yes  No

Child health?  Good  Fair  Poor

Any physical problems?  Yes  No

If yes, please explain \_\_\_\_\_

Chronic problems?  Yes  No

If yes, please explain \_\_\_\_\_

Dietary History (sensitive to certain foods?) \_\_\_\_\_

**II. School History**

Preschool program  Yes  No

Where? \_\_\_\_\_ How long? \_\_\_\_\_

Kindergarten program  Yes  No Where? \_\_\_\_\_

What do you think of his/her progress in school? \_\_\_\_\_

Elementary program  Yes  No Where? \_\_\_\_\_

What do you think of his/her progress in school? \_\_\_\_\_

**III. Tell us about your child's :**

Personality – how do you see your child's strengths and weaknesses? (Preferences, strengths, challenges, etc.): \_\_\_\_\_

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Fine motor skills? \_\_\_\_\_

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Gross motor skills? \_\_\_\_\_

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Sleeping patterns: \_\_\_\_\_

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Language Development

Strengths: \_\_\_\_\_

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Weaknesses: \_\_\_\_\_

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Math Development

Strengths: \_\_\_\_\_

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Weaknesses: \_\_\_\_\_

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Reaction to stressful situations? \_\_\_\_\_

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What is your approach to discipline at this time? \_\_\_\_\_

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Do you plan to have your child attend Seton through sixth grade?  Yes  No

Feel free to attach any additional comments.

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Date