

WYCKOFF PUBLIC SCHOOLS  
WYCKOFF, NEW JERSEY

**DEVELOPMENTAL HISTORY**

Date \_\_\_\_\_

The purpose of this form is to help us learn more about your child. Please feel free to provide us with as much information as you wish.

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_

Other schools attended:

School	Address	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Children in Home:

<u>Name</u>	<u>Birth Date</u>
_____	_____
_____	_____
_____	_____

Others in home besides parents and children: \_\_\_\_\_  
\_\_\_\_\_

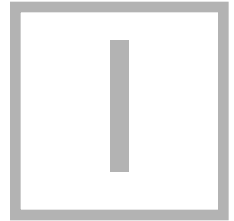
By what name is your child called at home: \_\_\_\_\_

Has your child attended nursery school? \_\_\_\_\_ If so, how long? \_\_\_\_\_

How often? \_\_\_\_\_

Has your child had experience in any other kind of structured group? \_\_\_\_\_

If so, explain. \_\_\_\_\_  
\_\_\_\_\_



Has your child taken private or group lessons? \_\_\_\_\_

If so, explain. \_\_\_\_\_

Does your child have the opportunity to play with other children regularly?

How much experience has your child had in going on trips or outings?

What is the primary language spoken in your home? \_\_\_\_\_

Is your child fluent in any language other than English? \_\_\_\_\_

If parents are divorced, who has custody? \_\_\_\_\_

Please note any outstanding experiences which have influenced or affected your child:

Is there any other important information about your child which you feel the school personnel should know?

Please use the space below for additional information or comments.

\_\_\_\_\_  
Parent's Signature