

# Confidential Family History for New and Returning Students

Dear Parents,

Nierman Preschool offers a developmental program that emphasizes process not product, looks at the whole child, and employs a developmental milestone curriculum that encourages each child to flourish at his/her individual pace. You are an integral part of helping us accomplish these goals. We value your trust.

The school staff and parents, working in close partnership, ensure that the program meets each child's specific needs and enriches his/her school experience. Children will benefit most when we are well informed. The information below will be **strictly confidential** and only used by the team working with your child. **I want to assure you that this will not be part of any student file or released to any outside sources.** Thank you for your openness and candor.

We look forward to a fruitful and creative year together.

Please check the boxes below. If a response is "other," please explain in the area provided. I am available to meet with you individually to assist you in completing this form. Call me at 858.362.1171 or email me at [franf@lfjcc.org](mailto:franf@lfjcc.org) to make an appointment at your earliest convenience.

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Languages spoken at home English Other \_\_\_\_\_

Prenatal and delivery history Typical Other \_\_\_\_\_

## Developmental Milestones:

- Social Development (smiling, bonding, eye contact, etc.) Typical Other \_\_\_\_\_
- Gross Motor Development (sitting up, crawling, walking, etc.) Typical Other \_\_\_\_\_
- Fine Motor Development (using both hands together, picking up small objects, coloring, etc.) Typical Other \_\_\_\_\_
- Self-Help Skills (feeding, dressing, etc.) Typical Other \_\_\_\_\_
- Language Development (first words, sentences, social, following directions, etc.) Typical Other \_\_\_\_\_

## Family History:

- Child is Only Child Has Siblings Has Step Siblings
- Names w/ ages \_\_\_\_\_
- Child lives with Mom Dad Both Parents Other \_\_\_\_\_
- Recent changes in your family (moved, emigrated, illness, separation, divorce, remarriage, new baby) None Other \_\_\_\_\_
- Difficulty separating successfully from parent Never separated None Other \_\_\_\_\_
- Difficulty with sleeping (difficulty going to sleep, interrupted sleep, difficulty waking in the morning, fatigue during the day, etc.) None Other \_\_\_\_\_

## Medical History:

- Early hospitalizations None Other \_\_\_\_\_
- Medical Conditions (allergies, asthma, diabetes, chronic ear infections, vision or orthopedic challenges, heart, failure to thrive, autism, pdd, etc.) None Other \_\_\_\_\_
- Referrals to specialists in language, physical or occupational therapy, developmental psychologist, clinics, or early intervention None Other \_\_\_\_\_
- Medicines taken on an ongoing basis \_\_\_\_\_
- **Additional Comments:**  
\_\_\_\_\_  
\_\_\_\_\_

