

# Primary Development Form for 3- to 5-Year-Olds

Child's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Date this form completed: \_\_\_\_\_

## Please tell us about your child's physical development.

### Birth Information

- Term
- Premature ( \_\_\_\_\_ weeks)
- Adopted
- Trauma at birth
- Early illness or medical complications

If you checked "Trauma at birth" or "Early illness or medical complications," please describe:

\_\_\_\_\_

At what age did your child start walking? \_\_\_\_\_ months

My child wears  Diapers  Pull-ups  Underwear

Describe your child's toilet routine:

\_\_\_\_\_

Describe your child's eating habits (e.g., any special dietary needs, picky eater, avoids certain textures, etc.):

\_\_\_\_\_

Describe your child's current napping routine:

\_\_\_\_\_

Check any medical conditions that pertain to your child:

- Allergies  Ear Infections  Seizures
- Asthma  Eye Problems  Stomachaches

If you checked any of the above, please describe:

\_\_\_\_\_

If your child takes daily medication, please describe:

Has your child ever had an accident that caused unconsciousness?

- Yes  No

Has your child had any other medical conditions or incidents?

- Yes  No

If you checked "Yes" to either of the above, please describe:

\_\_\_\_\_

What gross motor skills does your child have? Mark all that apply.

- Climbs stairs  Runs  Jumps  Skips

What fine motor skills does your child have? Mark all that apply.

- Makes marks on paper
- Draws recognizable shapes and objects
- Writes letters of the alphabet
- Writes first name
- Writes last name

My child usually holds a pencil with their:

- Left hand  Right hand

## Please tell us about your child's behavior.

Do you have any concerns about your child's behavior (e.g., cries a lot, frightened easily, activity level, particular behaviors, etc.)?

\_\_\_\_\_

When frustrated, does your child:

- Give up  Get mad  Ask for help  Other

If you checked "Other," please describe:

\_\_\_\_\_

How does your child approach new experiences?

- Easily  Cautiously  Anxiously

If your child has any fears, please describe:

\_\_\_\_\_

Does your child carry a security item? If so, please describe:

\_\_\_\_\_

Please check any of the following that describe your child:

- Gets along better with older children
- Enjoys repeating a familiar task often
- Stays busy with self-directed activities
- Follows two-step directions to complete a task
- Gets along better with younger children
- Enjoys watching others do tasks
- Enjoys being challenged by difficult tasks

What activities does your child enjoy?

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How often is your child around other children their own age?

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Who, besides yourself, is entrusted with the care of your child?

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Is your child sensitive to or distracted by:

- Touch (e.g., your child is bothered by wet clothes or when hands are wet and dirty)  
\_\_\_\_\_
- Sound (e.g., your child is bothered by loud noises like the vacuum cleaner, shouting, loud music, etc.)  
\_\_\_\_\_

What is your child's reaction when exposed to groups (e.g., parties, crowded places, etc.)?

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Is your child involved in any activities outside of school?  
Please describe:

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Where will your child spend non-school hours?

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## Please tell us about your child's language development.

Does your child form sentences using three to five words?

- Yes  No

Does your child speak:

- A lot  Occasionally  Rarely  Never

Can you easily understand your child's speech?

- Yes  No

Can other adults easily understand your child's speech?

- Yes  No

Do you have any concerns about your child's speech?

- Yes  No

If you checked "Yes," please describe:

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What is your child's primary language? \_\_\_\_\_

If not English, does your child understand English?

- Not at all  Some words  Understands very well

To communicate needs and wants, what is your child most likely to use:

- Gestures  Words  Phrases  Crying

## Please tell us about your parenting style.

Has your child ever been with a babysitter or in group care away from you?

- Yes  No

If you checked "Yes," please describe: \_\_\_\_\_

If applicable, how does your child behave with siblings?

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What do you find to be the most effective form of discipline for your child?

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Please list any discipline issues your child may be experiencing:

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How is the issue being handled?

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How much screen time is your child exposed to (e.g., watching television, computers, or hand-held devices)?

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How much time does your child spend outside?

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