



PARK CITY SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT

Instructions: Fill out the information requested to give a clear picture of your child. Submit this form via email attachment to Jennifer Schwendiman at jschwendiman@pcschoools.us or mail to:

Park City School District
Preschool Program
2700 Kearns Blvd
Park City, UT 84060

If you have questions, please call Dena at 435-645-5600 ext:1443

DEVELOPMENTAL FORM

Date Completed: _____

Child's LEGAL First Name	Child's LEGAL Middle Name:	Child's LEGAL LAST Name
Birth Date	Student's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Neighborhood/Boundary School

Information Provided By: _____ Relationship to Child: _____

Phone: _____ Child lives with: Mother Father Other _____

Primary Guardian Information: mother/father/legal guardian		Secondary Contact Information	
First Name	Last Name	First Name	Last Name
Relationship to Student	Language Spoken: 1st English 2nd English	Relationship to Student	Language Spoken: 1st English 2nd English
Street Address Apt. #		Street Address Apt. #	
City	Zip Code	City	Zip Code
Preferred Phone		Preferred Phone	
Alternate#		Alternate #	

Evaluation History	
Previous Evaluations: Has your child ever had formal evaluations: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	Primary Home Language
	What was the first language child learned to speak?
	What is the language most often spoken in the home?
	What language is spoken most often by student?
	Preferred language for written notices?
Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 1: PRE-ACADEMIC

Do you have concerns about your child's development in the area of:

Pre-academic

Yes No

If yes, please fill out this section.

If no, please continue to Section 2:

Is the child learning age-appropriate pre-academic skills?

Y N 3 year old

- Can your child match colors?
- Can your child match shapes?
- Can your child match pictures?
- Can your child repeat numbers to 5?
- Can your child answer to his/her name?
- Can your child answer yes/no questions?
- Can your child imitate songs/rhymes?

4 year old

- Can your child point to colors?
- Can your child point to shapes?
- Can your child point to pictures?
- Can your child count to 5?
- Does your child sing songs?
- Does your child repeat rhymes?
- Does your child tell a simple story?

5 year old

- Can your child name colors?
- Can your child name shapes?
- Can your child name pictures?
- Is your child starting to count objects (up to 5)?
- Can your child recognize his/her first name in print?
- Can your child describe a recent event?
- Can your child tell a simple plot from a movie or story?

- Can your child relate personal information?
- Can your child state their own first and last name?
- Can your child relate their parent's name?
- Can your child tell their gender?

- Does your child show an interest in drawing?
- Does your child show an interest in coloring?
- Does your child show an interest in puzzles?
- Does your child show an interest in cutting?

Please describe what you have tried to help your child develop skills in this area:

SECTION 2: SPEECH/LANGUAGE

Do you have concerns about your child's development in the area of:

Speech/Language

Yes No

If yes, please fill out this section.

If no, please continue to Section 3.

- | Y | N | |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child primarily express needs with words? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child primarily express needs nonverbally (point, pull you, use signs or cry)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child use nouns (naming things, e.g. juice, bed, dog)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child use concept words (e.g., in, on, under, on top)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child use pronouns (e.g., he, she, I)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child use descriptive words? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child use verbs (action words, e.g. go, eat, look)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child use common phrases (hi, Who's that?, I am hungry)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child use signs/ gestures? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child use single words? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child use 2-3 word phrases ("Mom bye-bye", "All gone")? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child use 2-4 word sentences ("Mom go bye-bye." "Cookie is all gone.")? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child use sentences longer than 4 words ("Mom is going bye-bye." "The cookie is all gone.")? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child ask for help? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child answer yes/no questions? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child answer "wh" questions (who, what, why)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child pay attention to short stories and answer simple questions? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child ask yes/no questions? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child ask "wh" questions (who, what, why)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child imitate simple finger plays? (Five Little Monkeys) |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child imitate simple songs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child initiate conversation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child tell simple stories? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child communicate easily with other children and adults (4-5 year old)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can your child make the correct sound/s alone in isolation (not inside a word)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child use words? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child use conversational speech? |

What sounds do you notice that your child has difficulty producing? Also, give 6-8 examples, such as "He/she is trying to say [this word] but it comes out sounding like this _____", or "_____ sounds like _____":

What percentage of your child's speech is understood by:

Parent:		Sibling:		Familiar Adult:		Unfamiliar Adult:	
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Please describe what you have tried to help your child develop skills in this area:

SECTION 3: BEHAVIOR

Do you have concerns about your child's development in the area of:

Behavior

Yes No

If yes, please fill out this section.

If no, please continue to Section 4.

How many minutes does your child attend to a self chosen activity?

How many minutes does your child attend to an activity with adult support?

Y **N**

 Does your child engage in an activity requested by an adult?
If yes, how many minutes?

 Does your child struggle transitioning from one activity to another?

 Does your child struggle to follow family rules?

 Does your child struggle to follow directions?
3 year old – one step
4 year old – 2 step familiar
5 year old – 2 step unrelated

 Does your child struggle following familiar routines?

 Does your child display excessive tantruming?
Describe what your child does:

 Is your child aggressive toward self?

 Is your child aggressive towards peers (same age children)?

 Is your child aggressive toward sibling(s)?

 Is your child aggressive toward animals?

 Is your child aggressive toward a familiar adult?

 Is your child aggressive toward an unfamiliar adult?

 Does your child struggle with behavior at home?

 Does your child struggle with behavior at preschool?

 Does your child struggle with behavior in the community?

 Does your child struggle with behavior at church?

 Does your child struggle with behavior at daycare?

 Does your child struggle with behavior at play?

 Does your child struggle with behavior at family gatherings?

 Does your child make eye contact?

 Does your child exhibit empathy/concern for others?

 Does your child comfort and calm self?

Please describe what you have tried to help your child develop skills in this area:

SECTION 4: SOCIAL SKILLS

Do you have concerns about your child's development in the area of:	
Social Skills	If yes, please fill out this section.
Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please continue to Section 5.

Does your child have the following social skills:

- | | | |
|--------------------------|--------------------------|---------------------------------------------------------|
| Y | N | |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child play by himself/herself? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child play next to peers (same age children)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child play interactively with peers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your child beginning to share toys? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child take turns? |

Describe how your child interacts with others:

Siblings:	
Peers:	
Familiar Adults:	
Unfamiliar Adults:	

Please describe what you have tried to help your child develop skills in this area:

SECTION 5: SELF HELP

Do you have concerns about your child's development in the area of:

Self Help

Yes No

If yes, please fill out this section.

If no, please continue to Section 6.

Y N

- Is your child able to feed self?
- Is your child able to drink from a cup independently?
- Is your child able to use utensils?
- Is your child able to undress self?
- Is your child able to sleep through the night?
- Does your child toilet independently; if not, please explain:

- Does your child have **unusual** sensitivity to noise?
- Does your child have **unusual** sensitivity to light?
- Does your child have **unusual** sensitivity to taste/texture?
- Does your child have **unusual** sensitivity to touch?
- Does your child have **unusual** sensitivity to smell/odors?
- Does your child have **unusual** sensitivity to personal space?

Describe any other unusual characteristics or behaviors that your child demonstrates:

Please describe what you have tried to help your child develop skills in this area:

SECTION 6: MOTOR SKILLS

Do you have concerns about your child's development in the area of:

Motor Skills

Yes No

If yes, please fill out this section.

Y N 3 year old

- Does your child complete simple puzzles?
- Does your child stack 4 blocks?
- Does your child string 4 objects (beads, cereal)?
- Does your child imitate pre-writing strokes (____, l, O)?

4 year old

- Does your child button large buttons?
- Does your child unfasten snaps?
- Does your child cut up to 4 inches along a straight line on paper?
- Does your child imitate pre-writing strokes (____, O, +)?

5 year old

- Does your child fasten snaps?
- Does your child unfasten snaps?
- Does your child cut along a curved or zigzag line?
- Is your child beginning to copy first name?
- Does your child demonstrate dominance in hand preference when doing fine motor tasks?

- Does your child demonstrate balance/coordination when walking independently?
- Does your child demonstrate balance/coordination when sitting independently?

Do you have any concerns about your child's large motor development or notice any unusual movements or unusual clumsiness?

Please describe what you have tried to help your child develop skills in this area: