

Ridgewood Nursery School & Kindergarten
865 East Glen Ave. Ridgewood, NJ 07450
(201) 445-2643

SOCIAL DEVELOPMENT RECORD

All information contained in this record is considered personal and confidential and will not be released without written consent of the parent(s).

Name of child: _____ Birth Date: ____ - ____ - ____
Nickname, if preferred: _____
Father's Name: _____ Occupation: _____
Mother's Name: _____ Occupation: _____
Name and ages of other children in home:

_____/_____
_____/_____
_____/_____
_____/_____
_____/_____

Relationships of any adults sharing the home:

_____/_____
_____/_____
_____/_____
_____/_____
_____/_____

Child's Physician: _____ Phone: ____ - ____ - ____

EMERGENCY CONTACTS:

Please provide name/ relationship, address and phone of person to contact.

Name (Relationship)	Address	Tel.
_____(_____)_____	_____	_____
_____(_____)_____	_____	_____
_____(_____)_____	_____	_____

Has child attended any other school? _____ Where and how long? _____

PHYSICAL DEVELOPMENT:

Is child toilet trained for urination? _____, Bowels? _____, at night? _____, at naptime? _____

Are there any problems? _____

Does child sleep well? _____, Take nap? _____, Tire easily? _____

Are there any problems? _____

Does child eat a variety of foods well? _____, Have a good appetite? _____

Does child have any allergies? _____

Does your child have Asthma? _____

Does child enjoy: walking____, running____, climbing____, swinging____, building____, riding____, singing____, music____, dancing____, painting____, play dough/ clay____, scissors____, tools____.

Any activities child particularly enjoys or dislikes? _____

Do you read to your child? _____. What television programs does your child watch?

EMOTIONAL AND SOCIAL DEVELOPMENTS:

Does child have any fears? _____

Does child suck thumb, bite nails, fondle blanket, etc.? _____

Is child a leader or a follower? _____

How does child approach other children? Shyly____, aggressively____, in a friendly way _____, other _____

What is child's reaction if he/she cannot carry through with something he undertakes? Will he/she persevere____, give up____, ask for help _____

Does child enjoy helping around the house? _____. Does child accept responsibility? _____

To what extent can child dress him/herself? _____

_____. Buttons _____, Zippers____, Putting shoes on_____.

What method of correction do you feel works best for your child? _____

Below, please write any past experiences that may be significant in your child's life, or information that might prove helpful to the teacher in understanding your child and helping him/her find school a rewarding and happy experience.