



WOODDALE ACADEMY

5532 Wooddale Avenue South, Edina, MN 55424
P: (952) 656-1055

Developmental History Form Wooddale Academy, Edina

Child's Name: _____ Birth Date: _____

Today's Date: _____ Gender: Male Female Child's Age in Months: _____

Parents are: Married Living Together Divorced Separated Not Together

Child lives with: Parents Mother Father Other (Who?) _____

Names and ages of siblings:

_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____

Has your child been in preschool before? Yes No

Does your child have special feeding needs? _____

**** Wooddale Academy requires food allergies to be documented by a physician and requires a Health Care Plan on file.**

What is your child's eating patterns? _____

Does your child have special medical needs? _____

**** Wooddale Academy requires medical needs to be documented by a physician and requires a Health Care Plan on file.**

Are bowel movements regular? Yes No Usual Time(s): _____

Is diarrhea, constipation a problem? Yes No Explain: _____

What time does child go to bed at night? _____

When is the child ready for sleep? _____

Does the child take naps? Yes No From when: _____ To when: _____

By nature is the child? Friendly Aggressive Shy Withdrawn Other: _____

How does the child get along with their siblings and other adults? _____

PLEASE COMPLETE REVERSE SIDE

Does the child know any children at Wooddale Academy? ___Yes ___No

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

How does the child relate to strangers? _____

What makes your child happy? _____

What makes the child upset? _____

How does the child show these feelings? _____

What frightens your child? ___ Animals ___ People ___ Rough Children ___ Loud Noises
___ Darkness ___ Other Children ___ Storms

Other: _____

Favorite toys and activities at home? _____

Does the child like to be read to? ___Yes ___No Listen to Music? ___Yes ___No Play outside? ___Yes ___No

Please help us understand your family better...

What is the dominate language spoken at home? ___English Other: _____

Is there another language spoken in your home? ___Yes ___No Specify language(s): _____

How can Wooddale Academy support your linguistic expectations? _____

Describe your family support system: _____

What are your preferred child rearing practices? _____

What should we know about your cultural expectations: _____

Please Return Form to:
Wooddale Academy, Edina
Email: Edina.Academy@Wooddale.org
Fax: 952-777-4211