



Name of Applicant: First _____ Middle _____ Last _____

**Please take a few minutes to complete this questionnaire.
We appreciate your thorough explanation of your child’s developmental and health history.**

Health Information:

- A. Was your child born: Prematurely? At Term? By C-Section?
- B. Has your child ever had any serious illness or high fever? Yes No
- C. Has your child ever had convulsions? Yes No
- D. Has your child ever had a head injury rendering him/her unconscious? Yes No
- E. Has your child ever been hospitalized? Yes No F. Is your child prone to fainting? Yes No

If you answered “yes” to questions B-F, please explain.

- G. Generally, would you describe your child's health as: Good Fair Poor
- H. Is your child receiving any medical treatment or taking any medication on a regular basis? Yes No

If “yes,” describe the medication and condition requiring it:

- I. Is there any special health problems about which we should be aware? (frequent colds, ear infections, etc.)

- J. Is your child restricted from physical activity due to heart condition, asthma, etc.?

- K. Does your child have any allergies (i.e., bee stings, food, etc.)?

- L. Does your child sleep well through the night? (*applicants to Nursery – 1st only*) Yes No If “no,” please explain.

Home and Peer Relationships: *(applicants to Pre-K – 5th grade only)*

A. Has your child had opportunities to associate with other youngsters on a fairly regular basis? Typical interactions would include:

B. How does your child usually react when s/he does not get what s/he wants?

C. Which of these generally describe your child's behavior at home?

- Aggressive Shy Immature Adventurous Happy Dependent Irritable Restless
 Curious Daydreaming Whining Observant Mischievous Competitive Independent Jealous

Do you feel that any of the above apply to your child to the degree that you would like to arrange a conference with the classroom teacher to discuss the matter further? Yes No

Play Habits: *(applicants to Pre-K – 1st grade only)*

A. Does your child prefer to:

- Play alone? Play with older children? Play with younger children? Play with same age children?
 Be with adults rather than other children?

B. S/he shares possessions with others: Readily Sometimes With difficulty

Skills: *(applicants to Pre-K – 1st grade only)*

- A. Has your child learned to: Dress himself/herself Tie shoes Button clothes Put on boots
 Use a zipper Ride a tricycle Climb stairs with ease Wash and dry hands
- B. Can your child recognize his/her name written in coats, boots, sweaters, etc? Yes No
- C. Can your child give his or her: Name? Address? Phone Number?

Language: *(applicants to Pre-K – 5th grade only)*

A. At what age did your child start to say words? _____

B. Does your child have any speech, language or articulation difficulties? Yes No If so, please describe.

C. How would you describe his/her spoken language at present?

- Easily understood by all Strangers sometimes have difficulty in understanding him/her
 Can only be understood by family Family at times finds it difficult to understand him/her

D. Does your child have difficulty telling a story or relating an experience? Yes No

Please explain. _____

E. Does your child understand and respond when told to do something: Most of the time Sometimes Seldom

F. Does your child listen with attention when read to: Most of the time Sometimes Seldom Explain: _____

General Information:

A. How does your child feel about coming to The Hebrew Academy?

B. We look forward to getting to know you and your family. Please help us by responding to the following:

Are there any medical concerns, physical or emotional developmental issues, family life or custodial arrangements of which the school should be aware?
