



## John S. Malcom Elementary School Development and Social History

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Student's Name (to be used at school)

M or F

Date of Birth

Will your child attend the YMCA Childcare program? (Circle):

**YES**

**NO**

Is your child (circle):      right handed      left handed      both

List any health issues such allergies, hearing, vision, tires easily... etc.

What do you consider your child's greatest strengths?

What are your child's special interests? Example: coloring, painting, reading, building, pets, etc.

Are there any concerns you would like to share?

Has your child attended preschool? (Circle) **YES** **NO**      How long? \_\_\_\_\_

Where? Name of the School:

Can your child write his/her first name using capital and lower case letters?      **YES**      **NO**

Can your child identify any letters?      **YES**      **NO**

Can your child identify any numbers?      **YES**      **NO**

What major experiences, if any, has your child had?

(i.e. disturbance in the immediate family situation; loss of a close relative/friend, accident)

Would you be interested in a Kindergarten/First Grade Combo Class?      **YES**      **NO**