

**CHENANGO VALLEY NURSEY SCHOOL  
PO BOX 379  
CHENANGO BRIDGE, NY 13745**

**CHILD DEVELOPMENT QUESTIONNAIRE**

**Child's Name** \_\_\_\_\_  
Last First MI

**Birthdate** \_\_\_\_\_

**Gender** Male \_\_\_\_\_ Female \_\_\_\_\_

**Is English your child's primary language? Yes or No**

**PHYSICAL DEVELOPMENT**

**Motor Development:** Any Delays/Concerns \_\_\_\_\_

**Left handed** \_\_\_\_\_ **Right handed** \_\_\_\_\_

**Hearing:** Any Concerns \_\_\_\_\_

**Sight:** Any Concerns \_\_\_\_\_

**Speech:** Any Delays/Concerns \_\_\_\_\_

**Allergies:** \_\_\_\_\_ **EPI PEN? Yes or No**

**Medication Required** \_\_\_\_\_

**Has your child ever been evaluated for Early Intervention Services (Speech, OT, PT, Educational concerns)?** \_\_\_\_\_

**If yes, were services provided to your child?** \_\_\_\_\_

**What type of services did/does your child receive and how often?** \_\_\_\_\_

**Is your child still receiving services through Early Intervention?** \_\_\_\_\_

**\*Please know that we at CVNS would like to ensure the best type of early education for your child. Any information that you provide us will be kept confidential.**