

Camptonville Union Elementary School

P.O. Box 278 Camptonville, CA 95922 ♦ Phone: (530) 288-3277 ♦ Fax: (530) 288-0805
Superintendent: Patrick Brose

Child's Early History

It is always helpful to us to know your child's history during his/her early years. For this purpose, we ask that you complete the form below.

Student Name: _____

1. How long was the pregnancy? _____
What was the Birth weight? _____

2. Was medication taken during pregnancy? Yes No
If yes, what medication?

3. Was there any illness, surgery, bleeding, or high blood pressure during pregnancy? Yes No
If yes, please explain.

4. Delivery was: easy average difficult C-Section emergency or planned
Length of labor _____

5. Baby's condition at birth? jaundiced normal cyanotic blue

6. Did the baby need any unusual help to start breathing? Yes No

7. Did the baby have any problems during the first months of life? Yes No
If yes, please explain:

8. Has your child experienced any of the following? Please check appropriate box(es).

- Parents' divorce Year _____
- Parents' separation Year _____
- New adult in the home Year _____
- New sibling in the home Year _____
- Death of close family member Year _____
- A traumatic experience (explain below) Year _____

9. What effect has any of the above had on your child?

10. Does your child have a physical or emotional condition of which the teacher should be made aware?

Yes No

If yes, please explain:

11. Do you feel that your child may be young in some ways? Yes No

12. Please provide any additional information that you feel may assist us in making your child's adjustment to school as smooth as possible.

Form completed by: _____

Relationship to child: _____

Date: _____