

**Camptonville Union Elementary School**

P.O. Box 278 Camptonville, CA 95922 ♦ 16585 School Street Camptonville, CA 95922  
Phone: (530) 288-3277 ♦ Fax: (530) 288-0805

**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?

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

Yes  No

If yes, please explain:

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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.

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Form completed by: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_