

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME _____ DATE OF BIRTH _____

CHILD'S NICKNAME _____

DEVELOPMENTAL HISTORY

Age began sitting _____ crawling _____ walking _____ talking _____

Any speech difficulties? _____

Special words to describe needs? _____

Language spoken at home _____

So that we may better meet the needs of your child: Has your child had a previous developmental screening or assessment? _____

If yes, would you be willing to share the results with us? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

Favorite foods: _____ child eats with hand _____ spoon _____ fork _____

Foods refused _____

TOILET HABITS

Is your child toilet trained? _____ Has toilet training been attempted? _____

How does your child indicate bathroom needs (include special words) _____

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

SLEEPING HABITS

Does your child become tired or nap during the day (include when and how long)? _____

When does your child go to bed at night? _____ and get up in the morning? _____

SOCIAL RELATIONSHIPS

How would you describe your child: _____

Previous experience with other children/day care _____

Reaction to strangers _____ Able to play alone _____

Favorite toys and activities: _____

Fears: _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home? _____

What would you like your child to gain from this school experience? _____

Is there anything else you would like us to know about your child? _____

Parent/Guardian Signature _____ Date _____