



DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION – 3

CHILD'S NAME: _____ DATE OF BIRTH: _____

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____ *Any history of colic? _____

*Does your child use pacifier or suck thumb? _____ *When? _____

*Does your child have a fussy time? _____ *When? _____

*How do you handle this time? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Services for **Special Needs, Early Intervention, physical conditions, disabilities,** _____

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

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

Favorite foods: _____

Foods refused: _____

* Does your child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

*Is there a frequent occurrence of diaper rash? _____

*Do you use: oil: _____ powder: _____ lotion: _____ other: _____

*Are bowel movements regular? _____ How many per day? _____

*Is there a problem with diarrhea? _____ Constipation? _____

*Has toilet training been attempted? _____

*Please describe any particular procedure to be used for your child at the center:

*What is used at home? Potty chair? _____ Special child seat? _____ Regular seat? _____

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

Does your child need assistance with toileting? _____

Is your child ever reluctant to use the bathroom? _____ If so how? _____

Does your child have accidents? _____

SLEEPING HABITS

*Does your child sleep in a crib? _____ Bed? _____

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

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

Describe any special characteristics or needs (stuffed animal, story, mood on waking etc)

SOCIAL RELATIONSHIPS

How would you describe your child?

Previous experience with other children/day are: _____

Reaction to strangers: _____ Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

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 childcare experience? _____

DAILY SCHEDULE

Please describe your child's schedule on a typical day. _____

Is there anything else we should know about your child? _____

(Parent/Guardian Signature)

(Date)