



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: _____

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: _____

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? _____

(OPTIONAL) CULTURAL & FAMILY HISTORY INFORMATION

What are the occupations of the child's parents?

Who is in your child's immediate family (parents, siblings, others, names, ages relationship)?

Are there any other significant family members that your child has regular contact with or are cared for by (names & relationships)?

What is your families' cultural background? _____

What special customs and traditions does your family celebrate or not celebrate? _____

Where does your family travel to visit relatives and/or vacation? _____

What languages are spoken in your home? _____

Would you feel comfortable sharing any of the above in school? If so, how? _____

(Parent/Guardian Signature)

(Date)