

Developmental History

Completing this form thoroughly will allow us to better meet your child's individual needs and enhance the quality of care your child receives here at the center.

Child's name: _____ Date of birth: ____/____/____

What would you like us to call your child (nick name): _____

Important people in your life? _____

Do you have a family pet? _____ Pet's name: _____

Type: _____ Child's responsibilities: _____

Does your child have a special relative or friend that he/she talks with often? _____

Your child at home

Describe your child's eating habits: _____

Do you have any concerns about your child's diet? _____

What utensil does your child prefer to use? _____

What is your child's favorite food? _____

Are there any foods they refused to eat? _____

How does your child let you know that he/she is hungry or full? _____

Hygiene/toileting

Tell us about your child's experience with:

Tooth brushing: _____

Hand washing: _____

Nose wiping: _____

Dressing: _____

How would you describe your child's toilet learning to date: _____

Health Check

How is your child's general health? _____

Does your child have any allergies? _____

Describe your child's sleeping habits? _____

Does your child have a special routine for getting ready to sleep? _____

Do you have any concerns about your child's health while at school? _____

Parental Assessment:

What kinds of active play does your child enjoy? _____

Does your child, or your household, have a second language? _____

What is it? _____ Key words/phrases: _____

How proficient is your child at this language? _____

Do you have any concerns about your child's speech or hearing? _____

How do you best describe your child's personality? _____

How does your child express his/her feelings? _____

Does your child have any fears? _____

How does your child relate to his/her siblings? _____

How does your child relate to non-familiar adults: _____

How does your child interact with other children? _____

How do you set limits with your child? _____

How does your child like school? _____

What special routines do you and your child follow that we can assist you with? _____

Are there any changes or special events taking place in your child's life that we should know about? _____

Is there anything else you would like to share with us?

(parent/guardian's signature)

(date)