

DEVELOPMENTAL HISTORY

Regulations for licensed and accredited child care facilities require this information to be on file to address the needs, including those having cultural significance, of children while in care.

CHILD'S NAME _____ **DATE OF BIRTH** _____

FAMILY AND DEVELOPMENTAL HISTORY

Who is in your family/who lives in your home? _____

Your family's ethnicity and culture _____

Age began sitting _____ crawling _____ walking _____ talking _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____

If your child does not speak English yet, what are your hopes for English language learning?

Will you help us support your child's opportunities for oral/written communication in the language you use at home? _____

HEALTH

Any known complication at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, needs, disabilities, concerns: _____

Recurring ear infections? _____

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

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

Food restrictions: _____

Favorite foods: _____

Foods refused: _____

Child eats with hands _____ spoon _____ fork _____ drinks from a cup _____

Eating schedule: breakfast _____ AM snack _____ lunch _____ PM snack _____

TOILET HABITS

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

Is child ever reluctant to use the bathroom? _____

Does child have accidents? _____

If your child is male, does he urinate while sitting or standing? _____

SLEEPING HABITS

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

When does child go to bed at night _____ and 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 at this time? _____

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? _____

Describe your child's schedule on a typical day: _____

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

Parent's/Guardian Signature _____ Date _____