

## 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 \_\_\_\_\_