

DEVELOPMENTAL HISTORY

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

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

DEVELOPMENTAL HISTORY

Age began sitting _____ crawling _____ walking _____ talking _____
Any speech difficulties? _____

Special words to describe needs _____

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: _____

Favorite foods: _____

Foods refused: _____

Child eats with hands _____ spoon _____ fork _____

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 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 us to know about your child? _____

Parent's/Guardian Signature _____

Date _____