Developmental History and Background Info

This information is required by the state to be kept in the child's file.

CHILD'S NAME:_____BIRTHDATE:_____

DEVELOPMENTAL HISTORY
Age began sitting_____walking_____talking_____
Any speech difficulties?_____
Special words to describe needs?_____
Language spoken at home_____

HEALTH
Any known complications at birth?_____
Any serious illnesses?_____
Any hospitalizations?_____
Any 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_____

TOILET HABITS
Describe where your child is concerning potty training?
_____
_____
What is used at home? Potty chair_____special child seat_____regular seat_____
How does your child indicate bathroom needs_____
_____
Is your child ever reluctant to use the bathroom?_____
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_____
For how long?_____

When does your child go to bed at night?_____
Describe any special bedtime or naptime needs (stuff animal, story,etc)_____
_____

SOCIAL RELATIONSHIPS

How would you describe your child socially_____
_____
What are your child's previous childcare experiences_____
_____
Reaction to strangers_____
Favorite toys and activities_____
Fears_____
How do you comfort your child_____
What methods of behavioral management/discipline are used at home:_____
_____
_____

What would you like your child to gain from this childcare experience?
_____
_____
_____

DAILY SCHEDULE: Describe your child's typical day_____
_____
_____
_____
_____
_____

Is there anything else we should know about your child?
_____
_____
_____

Parent signature: Date: