

DEVELOPMENTAL HISTORY

Child's Name _____ D.O.B. _____

PERSONAL HISTORY:

Type of birth _____ Any Complications _____

Age began sitting _____ Crawling _____ Walking _____ Talking _____

Any speech problems _____ Other language spoken _____

Special words to describe child's needs _____

HEALTH:

Illness and/or hospitalization _____

Physical disabilities _____

Allergies _____

Regular Medication(s) _____

EATING:

Food allergies _____

Favorite foods _____

Foods refused _____

Does child use spoon _____ fork _____ hands _____

Special instructions _____

TOILET HABITS:

Does child indicate needs _____ Word for urination _____ Word for b.m. _____

Any hesitations or apprehensions about training or bathroom _____ Accidents? _____

Other comments or concerns _____

SLEEP/NAP HABITS:

Does child take naps _____ Usual time(s) _____

Normal evening bedtime _____ Normal awakening _____ Special toy _____

Normal mod upon awaking _____

SOCIAL SKILLS:

Does child have experience in group settings _____ With other caregivers _____

By nature child is freindly _____ Slightly aggressive _____ Shy _____ Withdrawn _____

Does child play well in groups _____ Alone _____ In structured setting _____

Is child frieghtened of animals _____ Strangers _____ Aggressive children _____ Dark _____

Storms _____ Loud noises _____ Anything else (please explain) _____

How is child disciplined at home? _____

How is child comforted at home? _____

Other comments _____

(Use reverse if nessecary)