



Developmental History

Regulations for licensed child-care facilities require this information to be on file to address the needs of children while in care and must be renewed each year.

Child's Name _____ Date of Birth _____

Developmental History

Age began sitting _____ crawling _____ walking _____ talking _____

Any speech difficulties? _____

Special words to describe needs: _____

Is your child currently receiving any professional services (e.g., speech or occupational therapy) or has in the past?:

Health

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies (e.g., asthma, hay fever, insect bites, medicine, food reactions): _____

Regular medications: _____

Eating Habits

Special characteristics or difficulties: _____

Favorite foods: _____

Foods refused: _____

Toilet Habits

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

Is child ever reluctant to use the bathroom? _____

Does child wear a diaper or pull-up? _____

Does child have accidents? _____

Sleeping Habits

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

(continued)

Describe any special characteristics or needs (stuffed animal, story, mood on waking, etc.):

Social Relationships

How would you describe your child: _____

Previous experience with other children/day care: _____

Reaction to strangers: _____ Able to play alone: _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

Optimum way to comfort child when sad, angry, etc.: _____

What is the method of behavior management/discipline at home? _____

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

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

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

Does your child participate in any special group activities? (music, sports, dance, etc.):

Please describe any professional support that your child is currently receiving or has in the past (e.g., speech or occupational therapy): _____

Parent's/Guardian's Signature: _____

Date: _____