DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care fac	ilities require this infor	rmation to be on file to address the need	ds of children while in care.	
CHILD'S NAME		DATE OF BIRTH	DATE OF BIRTH	
CHILD'S NICKNAME				
DEVELOPMENTAL HISTORY				
Age began sitting	crawling	walking	talking	
Any speech difficulties?				
Special words to describe needs?				
Language spoken at home				
So that we may better meet the needs of	of your child: Has your	r child had a previous developmental so	creening or	
assessment?				
If yes, would you be willing to share the	he results with us?			
HEALTH				
Any known complications at birth?				
Serious illnesses and/or hospitalization	ns:			
Special physical conditions, disabilitie	es:			
Allergies i.e. asthma, hay fever, inse	ct bites, medicine, foo	od reactions:		
	-			
Regular medications:				
EATING HABITS				
Special characteristics or difficulties:				
Favorite foods:		child eats with hand	spoonfork	
Foods refused				
TOILET HABITS				
Is your child toilet trained?		Has toilet training been attempt	oted?	
How does your child indicate bathroor	n needs (include specia	al words)		
Is your child ever reluctant to use the b	oathroom?			
Does your child have accidents?				

SLEEPING HABITS

Does your child become tired or nap during the day (include when and ho	w long)?	
When does your child go to bed at night?	and get up in the morning?	
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:		
How do you comfort your child?		
What is the method of behavior management/discipline at home?		
What would you like your child to gain from this school experience?		
Is there anything else you would like us to know about your child?		
Parent/Guardian Signature	Date	