

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

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:

Any speech difficulties? _____

Special words to describe needs _____

HEALTH

Any known complication at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e asthma, hayfever, insect bites, medicine, food reactions: _____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

Favorite foods: _____ child eats with hands __ spoon __ fork __

Foods refused: _____

TOILET HABITS

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

Is child ever reluctant to use the bathroom? _____

Does child have accidents? _____

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? _____

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.) _____

How do you comfort child: _____

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

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

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

Parent /Guardian Signature _____

Date _____