



Developmental History

School Year _____

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in their care.

Child's Name: _____ **Date of Birth:** _____

Developmental History

Any speech difficulties? _____

Special words to describe needs. _____

Language spoken at home: _____

Health

Any known complication at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

ALLERGIES: (i.e. asthma, hay fever, insect bites, medicine, food reactions)

Regular medications: _____

Eating Habits

Special characteristics or difficulties: _____

Child eats with hands ____ spoon ____ fork ____

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 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? _____ 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: _____

Any fears? (the dark, animals, etc.) _____

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 nursery school experience? _____

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

Parent/Guardian Signature: _____

Date: _____