



Early Childhood Center

Developmental History

PERSONAL HISTORY:

Child's Name: _____
Type of birth _____ Any complications? _____
Age began sitting _____ Crawling: _____ Walking: _____ Talking: _____
Any difficulties in speaking? _____
Other languages spoken in the home: _____
Special words to describe needs: _____

HEALTH:

Any serious illnesses or hospitalizations? _____

Any physical disabilities or allergies (asthma, hay fever, insect bites, medicines?) _____

Any medications given regularly? _____
Any allergies to medication: _____

EATING:

What eating problems does the child have? _____
Food Allergies? _____
Favorite foods? _____
Foods refused? _____
Does child eat with spoon? _____ fork? _____ hands? _____

TOILET HABITS:

Does child indicate his/her bathroom needs? _____
Word for urination? _____ bowel movement? _____
Is child frightened of the bathroom? _____ Does child have accidents? _____

SLEEPING HABITS:

Does child take naps? _____ From when _____ to _____
What time does the child go to bed in the PM? _____ Awaken in AM? _____
Mood on awakening? _____
What does you child take to bed with him / her? _____

SOCIAL RELATIONSHIPS:

Has child had experience playing with other children? _____
By nature is you child friendly? _____ Aggressive? _____ Shy? _____ Withdrawn _____
How does your child relate to strangers? _____
Does your child play well alone? _____
What is your child's favorite toy? _____
Is your child frightened by animals? _____ Rough children? _____ Loud noises? _____
Dark? _____ Storms? _____ Anything else? _____
Who does most of the disciplining? _____ What is the best way to handle him/her? _____

How do you comfort your child? _____

Parent Signature _____ Date: _____
Parent Signature.2nd year _____ Date: _____
Parent Signature.3rd year _____ Date: _____