

Developmental History Form

Child's Name: _____

Child's Personal Development History:

Type of Birth:	Any Complications:
Other:	
Age began sitting: _____ walking: _____	crawling: _____ talking: _____
Any difficulties in speaking: _____	Other languages spoken: _____

Special words to describe needs: _____

Child's Personal Health:

Medication Allergies: _____

Any serious illnesses or hospitalizations: _____

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

Any medications given regularly: _____

Child's Diet:

Food Allergies: _____

Favorite foods: _____ Foods refused: _____

Does your child eat with a spoon: _____ fork: _____ hands: _____

Toileting Habits:

Does your child indicate their bathroom needs verbally: _____

Child's word for urination: _____ child's word for bowel movement: _____

Is your child frightened of the bathroom: _____ Does your child have accidents: _____

Sleeping Habits:

Does your child take naps: _____ From when _____ to _____

What time does your child go to bed in the PM: _____ Awaken in AM: _____

Mood on awakening: _____ What does your child take to bed with them: _____

Social Relationships:

How do you comfort your child: _____

Has your child had experience playing with other children: _____

By nature, is your child friendly: _____ aggressive: _____ shy: _____ withdrawn: _____

How does your child relate to strangers: _____

Does your child play well alone: _____ What are your child's favorite toys: _____

Is your child frightened by animals: _____ Rough children: _____ Loud noises: _____

Dark: _____ Storms: _____ Anything else: _____

Who does most of the disciplining: _____ what methods do you use: _____

What is the best way to interact your child: _____

1st year Parent Signature: _____ Date: _____

2nd year Parent Signature: _____ Date: _____

3rd year Parent Signature: _____ Date: _____

4th year Parent Signature: _____ Date: _____