



Nurturing Children & Families

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

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

Toilet Trained: _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____

Does your child have a fussy time? _____ When? _____

How do you handle this time? _____

HEALTH

Any known complications 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: _____

Favorite foods: _____

Foods refused: _____

TOILET HABITS

Is your child toilet trained? _____ Has toilet training been attempted? _____

Please describe any particular procedure to be used for your child at the center: _____

If not trained, are disposable diapers, cloth diapers or pull-ups used? _____

Is there a frequent occurrence of diaper rash? _____ Do you use: oil: _____ powder: _____ lotion: _____
other: _____ to treat the rash.

Are bowel movements regular? _____ How many per day? _____

Is there a problem with diarrhea? _____ Constipation? _____

What is used at home? Pottychair? _____ Special child seat? _____ Regular seat? _____

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

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

SLEEPING HABITS

Does your child sleep in a crib? _____ Bed? _____

Does your child become tired or nap during the day (include when and how long)? _____

When does your child go to bed at night? _____ Get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking etc) _____

SOCIAL RELATIONSHIPS

How would you describe your child socially? _____

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 your child? _____

Has your child attended a child care facility or preschool before? If yes, where, for how long and did your child respond to drop-off? _____

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

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

DAILY SCHEDULE

Please describe your child's schedule on a typical day. Please include awakening, eating, time out of bed, napping, toilet habits, fussy time, night bedtime, etc. _____

Is there anything else we should know about your child? _____

(Parent/Guardian Signature)

(Date)