

THE EARLY CHILDHOOD CENTER  
CHILD'S DEVELOPMENTAL HISTORY

Program \_\_\_\_\_

Date \_\_\_\_\_

Child's full name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of birth \_\_\_\_\_

Home Address \_\_\_\_\_  
street city, state, zip

Home Telephone Number(\_\_\_\_) \_\_\_\_\_

We want to make your child's earliest school experience the very best possible. In order to do so, we need your help. The more information we have about your home life with your child, the easier it will be for our teachers to understand him/her and encourage his/her development. Therefore, we ask you to share your experiences, hopes and feelings with us, with the assurance that they will be treated with the utmost professional confidence.

ABOUT THE CHILD

Comment of the health of your child during delivery and infancy \_\_\_\_\_

At what age did he/she walk unsupported? \_\_\_\_\_

At what age did he/she begin talking in 2-3 word sentences? \_\_\_\_\_

Does your child have any difficulty saying what he/she wants, or do you have any trouble understanding his/her speech?  
\_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Does your child need reminding about going to the bathroom?  
\_\_\_\_\_

Are there any special words he/she uses to indicate a need to use the toilet? \_\_\_\_\_

Does your child sleep well? \_\_\_\_\_

Does your child have any pronounced fears? \_\_\_\_\_

What are your child's favorite play items? \_\_\_\_\_

Does your child have any habits?(nail biting, thumb sucking etc) \_\_\_\_\_

Do you presently have any concerns about your child? \_\_\_\_\_

What is something your child does not like to do? \_\_\_\_\_

Describe what you do to comfort your child when he/she is distressed. \_\_\_\_\_

What language is usually spoken in the home? \_\_\_\_\_

Are there any cultural/religious practices or holidays that you celebrate at home that you would like us to know about?  
\_\_\_\_\_

Is your child adopted? \_\_\_\_\_ Does he/she know? \_\_\_\_\_

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HOME AND FAMILY

Does this child have any brothers and sisters?

Name                      Birthdate

Is a baby expected? \_\_\_\_\_

Anyone else residing in household beside siblings? \_\_\_\_\_ Describe relationship to child. \_\_\_\_\_

HEALTH

Does your child have any allergies? \_\_\_\_\_ If yes, to what? \_\_\_\_\_

Describe allergy symptoms and treatment \_\_\_\_\_

List any chronic physical problems and any history of hospitalization \_\_\_\_\_

List any diseases, serious illnesses or operations the child has had \_\_\_\_\_

EATING HABITS

Please describe your child's appetite \_\_\_\_\_

What foods does your child especially like? \_\_\_\_\_

Are there any foods your child does not like? \_\_\_\_\_

Do you have any concern's about your child's diet? \_\_\_\_\_

PLAY AND SOCIAL EXPERIENCES

Has your child been involved in a play group? \_\_\_\_\_

Has your child attended other nursery schools? \_\_\_\_\_

How would you describe your child's other group/school experience? \_\_\_\_\_

Does your child have any imaginary playmates? \_\_\_\_\_ Explain. \_\_\_\_\_

Does your child have any pets? \_\_\_\_\_ What are their names?  
\_\_\_\_\_

Is there anything about your child's play or playmates that the school should know? \_\_\_\_\_

PARENTS IMPRESSIONS

From your point of view were there any events that seemed to have the greatest impact on your child(moving, births, deaths, severe illness of family members, divorce)? \_\_\_\_\_  
\_\_\_\_\_

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Is there anything else we should know about your child?

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