



## Developmental History Form

Parents have a lot to teach us. Your “insider” perspective on your child will help staff better respond to your child’s needs. Please fill out this form with as much information as you can.

**Child’s Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Names and ages of siblings (or step-siblings) living with your child:

\_\_\_\_\_

Who lives in the home? \_\_\_\_\_

Are there pets in the home? If so, please specify:

\_\_\_\_\_

Are there religious or family/cultural traditions your child observes? If yes, describe:

\_\_\_\_\_

\_\_\_\_\_

### DEVELOPMENTAL HISTORY

Age began sitting: \_\_\_\_\_ crawling: \_\_\_\_\_ walking: \_\_\_\_\_ talking: \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

Language spoken at home \_\_\_\_\_ Any history of colic? \_\_\_\_\_

Does your child use pacifier or suck thumb? \_\_\_\_\_

### HEALTH

Any known complications at birth? \_\_\_\_\_

Serious illnesses and/or hospitalizations? \_\_\_\_\_

Special physical conditions, disabilities? \_\_\_\_\_

Does your child have an IEP? \_\_\_\_\_ **(If yes, we need a copy on file)**

### EATING HABITS

Favorite foods: \_\_\_\_\_

Foods refuses: \_\_\_\_\_

Is your child fed in your lap, at the table, in a high chair, allowed to walk around?

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### **TOILET HABITS**

Are disposable or cloth diapers used? \_\_\_\_\_ Does your child frequently get diaper rashes? \_\_\_\_\_ If yes, what usually helps most: \_\_\_\_\_

Are bowel movements regular? \_\_\_\_\_ How many per day? \_\_\_\_\_

Is there a problem with diarrhea? \_\_\_\_\_ Constipation? \_\_\_\_\_

Has toilet training been attempted? \_\_\_\_\_

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

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What is used at home? Potty chair? \_\_\_\_ Regular seat? \_\_\_\_ Special seat? \_\_\_\_

How does your child indicate bathroom needs: \_\_\_\_\_

Does your child have accidents? \_\_\_\_\_

### **SLEEPING HABITS**

Does your child sleep in a crib? \_\_\_\_\_ Co-sleep? \_\_\_\_\_ Bed? \_\_\_\_\_

When does your child go to bed at night? \_\_\_\_\_ Get up? \_\_\_\_\_

Describe any special sleeping needs: \_\_\_\_\_

How do you get your child to go to sleep?

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### **SOCIAL RELATIONSHIPS**

How would you describe your child's personality?

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Previous experience with other children/day care:

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Likes to play alone? \_\_\_\_\_ With other children? \_\_\_\_\_

Favorite toys: \_\_\_\_\_

How do you comfort your child?

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What triggers a temper tantrum or aggression, such as biting?

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How do you de-escalate a tantrum?

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What is your method of behavior management at home?

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Does your child have fears we should know of? If yes, specify and provide tips for helping your child cope with them.

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

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Anything else you want us to be aware of?

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lead Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_