

## DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

### DEVELOPMENTAL HISTORY

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

Language spoken at home \_\_\_\_\_

### 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: \_\_\_\_\_

Special characteristics or difficulties with eating: \_\_\_\_\_

### TOILET HABITS

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

Does he or she need any help in the bathroom? \_\_\_\_\_

Any other bathroom needs or habits we should be aware of \_\_\_\_\_

### SLEEPING HABITS

Does your child sleep in a crib? \_\_\_\_\_ Bed? \_\_\_\_\_ Family 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? \_\_\_\_\_ and get up in the morning? \_\_\_\_\_

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

### SOCIAL-EMOTIONAL

How would you describe your child's disposition? \_\_\_\_\_

Previous experience with other children: \_\_\_\_\_

Favorite toys and activities: \_\_\_\_\_

Fears (the dark, animals, etc.): \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

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

Is there anything else we should know about your child? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature    Date