

## Developmental History and Background Information

Regulations for licensed child care facilities require this information to be on file to address the needs of the children while in care.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

\*Note: Please provide information for Infants and Toddlers (marked\*) as appropriate to the age of your child.

### Developmental History

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

\*Does child: pull up? \_\_\_\_\_ \*crawl? \_\_\_\_\_ \*walk with support? \_\_\_\_\_

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

Special words to describe needs? \_\_\_\_\_

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

\*Does child use pacifier or suck thumb? \_\_\_\_\_ \*When \_\_\_\_\_

\*Does 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: \_\_\_\_\_

\*If infant is on special formula, describe its preparation in detail: \_\_\_\_\_

Foods: favorite? \_\_\_\_\_ refused? \_\_\_\_\_

\*Is child fed: held in lap? \_\_\_\_\_ high chair? \_\_\_\_\_

\*Does child eat with: spoon? \_\_\_\_\_ fork? \_\_\_\_\_ hands? \_\_\_\_\_

### Toilet Habits

\*Are disposable or cloth diapers used? \_\_\_\_\_ \*Frequent occurrence of diaper rash? \_\_\_\_\_

\*Do you use: oil? \_\_\_\_\_ powder? \_\_\_\_\_ lotion? \_\_\_\_\_ other? \_\_\_\_\_

\*Are bowel movements regular? \_\_\_\_\_ How many? \_\_\_\_\_

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

\*Please describe any particular procedure to be used for your child at the center \_\_\_\_\_

\_\_\_\_\_

What is used at home? Potty chair \_\_\_\_\_ special child seat? \_\_\_\_\_ regular seat? \_\_\_\_\_

How does child indicate bathroom needs? (include special words) \_\_\_\_\_

Is child ever reluctant to use the bathroom? \_\_\_\_\_ Does child have accidents? \_\_\_\_\_

**Sleeping Habits**

\*Does your child sleep in a \_\_\_\_\_ crib \_\_\_\_\_ bed \_\_\_\_\_

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

When does 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 Relationship**

How would you describe your child? \_\_\_\_\_

Previous experience with other children/child care? \_\_\_\_\_

Reaction to strangers? \_\_\_\_\_ Able to play alone? \_\_\_\_\_

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? \_\_\_\_\_

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

**Daily Schedule**

Please describe your child's schedule on a typical day. \*For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night, bedtime, etc...

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

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