

## **DEVELOPMENTAL HISTORY**

## ALL INFORMATION IS CONFIDENTIAL - FOR STAFF USE ONLY

Today's Date					
Child's Name First	Middle			Last	
Date of Birth	Child is: Bio		Adopted	Foster	Guardian
How do you prefer to be cont	acted for a non-en	nergency (ph	one, e-mail, note,	etc.)?	
I. Family/Home Information					
There is no one more importa child's life and what is import	ant to children thar				he special people in yo
Members of Household	Relationship to Child		Age	Does child have a special name for this person?	
If either of the parents does r often the child sees that pare one household to another, et	nt, if at all; other m				
Are there other significant pe relationship to your child and			would like us to b	e aware of? If so,	please describe their
Is English the primary langua	ge spoken in the h	nome? Yes/	No		
What other languages are sp	oken in your home	?			
II. Child/Family History					
Has your child had a previous	s preschool or child	dcare experie	ence? Yes / No		
Does your child have a curre If yes, from where? _					e Plan)? Yes / No
Does your child currently atte	end a preschool or	childcare? Y	es / No		

What major changes have occurred in your family or child's life over the last year?				
Has your family ever experienced a suicide within the immediate family? Yes / No				
Has your family experience family violence within your child's lifetime? Yes / No  Has your child ever experienced a traumatic event? Yes / No If yes, please explain:				
Does anyone in the household have a history of drug addiction? Yes / No If yes, who?				
Does anyone in the household have a history of mental illness? Yes / No If yes, please explain type and who:				
Does anyone I the family have a learning disability? Yes / No  If yes, please explain type and who:				
If you have more than one child in the household, do you feel your children are overly violent with each other? Yes / No				
Is your child overly defiant or does he/she display aggressive behaviors that concern you? Yes / No If yes, please answer the next series of questions:  Does your child cause harm to other children or animals? Yes / No  Does your child ever cause harm to him/herself when behavior is out of control? Yes / No Has your child ever been asked to leave a child care setting due to unresolved behavioral issues? Yes / No Do you feel that your child is depressed, fearful, sad or overly worried? Yes / No?				
Please check those that describe your child:				
Affectionate and loving Dislikes changes in routine Has staring spells Avoids attention Doesn't pay attention Has temper tantrums Bangs head repeatedly Falls a lot Holds breath Bites Nails Clumsy Has a sense of humor Impulsive Creative Has fears Prefers to be alone Curious Has sleep problems Shows dare-devil behavior Shy or timid Stubborn Well-coordinated Other				
III. Napping Information (Infants, Toddler and Preschool children only)				
Does your child sleep with a comfort item (special blanket, stuffed animal, pacifier)?				
Yes No If yes, what?				
How does your child usually fall asleep at naptime? (Quiet music, back rubbed, etc.)				
IV. Nutrition Information				
What is a regular mealtime like in your home? (Any rituals or traditions associated with the meal? Who eats together? Where?)				
Are there foods eaten in your home that are part of your cultural heritage?				
Yes No If yes, what?				

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Are there any foods your child cann	ot eat because of religious or cultural tradition	ns?
Yes No If y	res, what?	
V. Health Information		
Please describe how you know who toilet?	en your child needs to use the toilet. What w	ords does your child say to ask to use the
Has your child had (or have) any of	the following? (Please check all that apply)	
Allergies (food, medication, etcAsthmaAnemiaAutismBehavioral DisordersBone/Orthopedic ProblemsCurrent MedicationsFrequent Ear Infections/TubesDental Problems  Please explain any medical history	Developmental DisabilitiesDiabetesDown's SyndromeFeeding/Eating ProblemsTraumatic Brain InjuryCerebral PalsySpeech Problems	Heart Problem/ConditionLearning DisabilitiesSeizuresSickle Cell AnemiaFetal Alcohol SyndromeMongolian Blue SpotsOther
Does your child wear glasses?	YesNo	