

Developmental History

Today's Date _____

Child's Name _____ Date of Birth _____

Mother/Guardian's Name _____

Father/Guardian's Name _____

All Children

Is child a good eater? _____

Favorite Foods? _____

Refused Foods? _____

Allergies (list)? _____

Does child take naps? _____

How many? _____ Times? _____

Does child sleep with a toy? _____

What childhood viruses has your child had?

Does child have physical disabilities?

Has child been hospitalized for any serious problems? _____

Is child: Outgoing Shy

Does child enjoy being around other adults/children? _____

Favorite toy? _____

Form of discipline used at home?

Child is afraid of:

Special Instructions:

Infants

Type of formula/Breast milk? _____

Amount of milk baby drinks per feeding? _____

Does baby eat:
Cereal Baby food Finger food Juice
Snacks

Feeding times? _____

Baby's eating habits:

Does baby sleep on:
Back Side Stomach

Does baby have a pacifier or suck finger, hand or thumb?

Does baby:
Roll over Sit up Hold bottle Crawl
Pull up Walk

Ones & Twos

Has child had experience playing with other children?

Does child prefer children or adults?

Can child communicate his/her needs effectively?

Approx.. How many words can your child speak?

Can child speak in sentences?

Can child follow simple directions?

Can child feed him/her self?

Does child use the toilet?

What words does your child use for urination and bowel movements?

What makes your child angry or frustrated?

Does child know colors and shapes?

Activities your child enjoys:

| | | |
|-------|------------------|------------------|
| Books | Blocks/Building | Puzzles |
| Music | Dramatic Play | Physical Play |
| Art | Science/Discover | Sorting/Counting |

Can child:

Run Jump Hop Skip

Threes, Fours & Fives

Is child potty trained?

Does child have potty accidents during the day? At night?

Has child had experience playing with other children?

Does child prefer children or adults?

Can child communicate his/her needs effectively?

Does child speak in complete sentences?

How long is your child's attention span?

Can child follow directions?

Can child feed him/herself?

What makes your child angry or frustrated?

Can child count? _____ How high? _____

Does child know:

Colors Shapes Alphabet

Can child:

Cut Glue Write Letters

Activities your child enjoys:

| | | |
|-------|------------------|------------------|
| Books | Blocks/Building | Puzzles |
| Music | Dramatic Play | Physical Play |
| Art | Science/Discover | Sorting/Counting |

Can child:

Run Jump Hop Skip