GREAT EXPECTATIONS PRESCHOOL DEVELOPMENTAL HISTORY - Beginners

Child's Name_____ **Date of Birth**_____

Developmental History

Age began sitting_____ crawling_____ walking_____talking_____
Speech difficulties _____
Special words to describe needs_____
Language spoken at home_____
Has your child received any outside services (i.e. early intervention)? Please describe:
_____
Does child use pacifier or suck thumb? _____When? _____
Does child have a fussy time? _____When? _____
How do you handle this time? _____

Health

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_____
Favorite foods_____
Foods refused_____
Child eats with spoon _____fork _____hands _____

Toilet Habits

Disposable or cloth diapers _____ frequent diaper rash_____
Do you use: oil _____powder _____ lotion _____ _____
other_____
Regular bowel movements _____ number per day_____
Problem with diarrhea _____ constipation_____
Has toilet training been attempted? _____
Please describe any particular procedure to be used with your child _____
_____
What is used at home: potty chair _____ 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

Child sleeps in a crib _____ bed _____
Does child become tired or nap during the day (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)
_____

Social Relationships

How would you describe your child?
_____
_____
Previous experience with other children/day care_____
_____
Reaction to strangers _____
Favorite toys and activities _____
_____
Able to play alone _____
Fears (dark, animals, etc.) _____
Describe how you comfort your child _____
_____
Method of behavior management at home_____
_____
What would you like your child to gain from this experience? _____
_____
_____
Please describe your child's schedule on a typical day:

Please describe any goals or possible concerns you may have for your child:

Is there anything else we should know about your child?

Parent/Guardian Signature _____Date_____