GREAT EXPECTATIONS PRESCHOOL DEVELOPMENTAL HISTORY - Preschool

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. speech, early intervention)? Please describe: _____

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 _____

Toilet Habits

Is your child toilet trained? _____Training? _____Diapers? _____
Please describe any particular procedure to be used with your child _____
_____
How does your child indicate bathroom needs (include special words) _____
_____
Is your child ever reluctant to use the bathroom? _____
Does your child have accidents? _____

Sleeping Habits

Child sleeps in a crib_____bed_____
When does child go to bed at night? _____ get up in the morning? _____
Does your child become tired or nap during the day (include when and how long)?
_____
Describe any special characteristics or needs (stuffed animal, story, mood on waking)
_____

Social Relationships

How would you describe your child?_____
_____
Is this your child's first preschool/group child care experience? _____
Describe previous experience with other children (preschool, day care, play groups):
_____
_____
Reaction to strangers _____Able to play alone _____

Favorite toys and activities _____
_____
Fears (dark, animals, etc.) _____
How do you comfort your child? _____
_____
Method of behavior management used at home_____
_____
Describe your child's schedule on a typical day:

What would you like your child to gain from this preschool experience?

Please describe any goals or possible concerns you may have for your child in the following areas:
social/emotional development:

fine/gross motor skills:

speech/language:

Is there anything else you would like us to know about your child?

Parent's Signature _____Date_____