

DEVELOPMENTAL HISTORY

Child's Name _____ Nickname _____

Birth Date _____

Parent's Names _____

PERSONAL HISTORY

Is your child adopted? _____ At what age? _____

Were there any complications at birth that we should be aware of?

Who lives in the house with this child? (Please include sibling's names and ages):

Please answer these questions based on your child but it is helpful to know if there is any family history as well for any of the following.

Are there any language or speech difficulties? _____ If so, please describe

Are there any motor difficulties? _____ If so, please describe

Have there been or will there be any major family changes in the past or near future (moving, separation from family member, birth of a sibling, etc.)

HEALTH

Does your child have any known allergies? (Bee stings, foods, etc.) Is there a family history of any allergies?

Is your child on any regular medication? _____ If so, please describe:

Does your child have any health issues that we should be aware of? (reactions to fever, etc.)

EATING HABITS

Does your child have any known food allergies or sensitivities? Is there a family history of food allergies or sensitivities?

TOILET HABITS

Is your child trained for urination? _____ For bowels? _____

How does your child react to "accidents"?

If toilet training is in progress, please describe your methods and routines.

SLEEPING HABITS

Please describe your bedtime and/or naptime routines

Does your child fall asleep easily? _____ Wake up easily? _____

What time does your child go to bed a night? _____ Wake up? _____

GENERAL QUESTIONS

Please briefly describe opportunities your child has had to interact with other children (previous programs, child care arrangements, etc.)

What are some of your child's favorite play activities? _____

How is discipline handled?

What do you see as your child's strengths, abilities and special talents?

What are your goals and expectations for your child at St. Paul's Preschool?

Are there any religious or cultural customs that your family follows that would be important for us to know?

Is there any other information that you think is important for us to know about your child or family?

Signature(s) of parent(s) who completed form:

_____ Date _____