

Developmental History

Child's Name: _____

Date: _____

Physical Background

Does anyone help you care for your child on a regular basis? yes no

If yes, please provide name and relationship: _____

Is your child taking any medications on a regular basis? yes no

If yes, please explain: _____

Does your child still take a nap? _____

Which hand does your child use mainly? right left undecided

Is there anything from your child's health history that would be helpful to us?

(ie: preterm birth, complications at birth, serious injury, etc) _____

Do you have any developmental concerns about your child? _____

Has your child had Early Childhood Screening by your local school district: yes no

If yes, please provide date of screening _____

Social Background

Is this your child's first group experience? _____

What were your child's reactions to previous group experiences? _____

What indoor activities does your child enjoy? _____

What outdoor activities does your child enjoy? _____

Does your child have playdates? _____ How often: _____

Ages of playmates: _____

How does your child get along with other children? _____

Please Turn Over

Emotional Background

Does your child have trouble separating from you or the caregiver? yes no

If yes, please explain: _____

Are there any special behavior problems we should know about? yes no

If yes, please explain: _____

What style of discipline works best with your child? _____

What is your child's reaction when disciplined? _____

Are you aware of any fears or anxieties your child has? yes no

If yes, please explain: _____

Does your child find it easy or difficult to share possessions with others? _____

When upset, how is your child best comforted? _____

How does your child comfort him/herself when upset? _____

Please circle the words that best describe your child:

strong willed	capable	reluctant	excitable	confident
insecure	cautious	responsible	self-reliant	assertive
calm	funny	talkative	considerate	quiet
high energy	sensitive	cooperative	happy	anxious
reserved	determined	independent	other: _____	

Please circle the self help skills your child can do by him/herself:

washes hands toilets alone puts on coat puts on shoes

other: _____