



INFANT/TODDLER DEVELOPMENTAL HISTORY

Child's Name: _____ Date of Birth: ____/____/____
What would you like us to call your child? _____

DEVELOPMENTAL HISTORY

Type of birth: _____ Complications: _____
Age child began sitting: _____ crawling _____ walking _____ talking _____
Does child: pull up crawl walk with support
Times child is fussy: _____
How do you handle these fussy times? _____

FAMILY INFORMATION

With whom does child reside? _____
Who else lives in the home?(siblings, extended family, pets) _____
What does child call family members? _____
Language(s) spoken at home: _____
Are books read in languages other than English? _____
Are there words in home language that we should know? _____
Please tell us about any cultural family customs, rituals or traditions that will help us make your child's experience more meaningful: _____

HEALTH/ DEVELOPMENT

Serious illnesses or hospitalizations? (Describe): _____
Any history of colic? _____
Special physical conditions, disabilities, or allergies? (Describe): _____
Is your child presently or ever been diagnosed with a special need? _____
If so, are they receiving any special services? _____
Regular medications? _____

EATING HABITS

Special characteristics or difficulties? _____

Special diet: _____ Formula: _____

Any food allergies? _____

Favorite foods: _____

Foods refused: _____

Child eats: on lap in high chair other _____

Child eats with: spoon fork hands other _____

TOILET/DIAPERING HABITS

Is there frequent diaper rash? _____

Do you use: oil powder lotion other

Does child wear: disposable diapers cloth diapers

Are bowel movements: regular how often: _____

Is there a problem with: diarrhea constipation

Is your child toilet trained: urination bowels

What is used at home: potty-chair special seat regular seat

Word used for urination: _____ bowel movement: _____

Does child have accidents? _____

SLEEPING HABITS

Does child sleep in: crib bed

Does child take naps? Times: a.m. _____ p.m. _____

What does child take to bed? _____ mood on awakening: _____

What time does child go to bed at night: _____ awake in morning: _____

Are there any sleep time rituals? _____

SOCIAL RELATIONSHIPS

Has child had any experience playing with children? _____

Is child: friendly aggressive shy withdrawn

Reaction to strangers? _____

Have you had any previous child care experience? _____

If so, did it meet your needs and expectations? _____

Explain: _____

Prefers to play: alone in small groups

Favorite toys and activities? _____

Is child frightened by: animals rough children loud noises dark

Explain: _____

What is your style of disciplining? _____

