

Developmental History

Child's Name:

Birthday:

Date:

Siblings:

Parents:

Feeding times:

Are feeding times consistent?:

Sleeping times:

Are sleeping times consistent?:

Any known allergies?:

Likes that your child has:

1.

2.

3.

Dislikes that your child has:

1.

2.

3.

Parental concerns:

What kind of things can your child do by him/herself? (feeding, walking, talking, etc.)

Do you have behavior problems with your child?

How do you handle or prevent them?

Are you aware of any fears or anxieties your child has? Y N Explain:

Circle the words that best describe your child: Fussy Curious Active Happy

Self-reliant follower Cooperative Loving Fearful

Other _____

Social Background

No. of brothers _____ No. of sisters _____ No. and age of playmates _____

How does your child get along with other children?

Special Interests

Is your child interested in books? _____

About how much time does he/she spend watching TV? _____

What are your child's special interests or abilities? _____

What play materials hold his/her attention the longest? _____

Indoors _____ Outdoors _____

Do you have pets, if so what kind? _____

Does your child have a good or poor relationship with pets? _____

Comments: _____

Health

Describe your child's overall health: _____

Does your child have any known allergies? _____ Please list _____

Are you concerned about your child's vision, hearing, or speech? _____

Is your child currently under a physician's Care? _____ If so why? _____

Development

Indicate your child's current developmental level below. Please be candid; enrollment is not based on your responses.

	Needs Improvement	Average	Above Average
Making Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggressive Play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calming Self Down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staying On Schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feed Self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleaning Up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability To Express Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability To Express Ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Following Directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Temperament Assessment

(Adapted from Far West Laboratory for Educations Research and Development)

Please answer the following question to increase our understanding of your child's temperament.

Regularity ~ Is your child regular about eating times, sleeping times, amount of sleep needed and bowel movements?
 Regular 1 3 5 Irregular

Adaptability ~ How quickly does your child adapt to changes in schedule or routine?
 Quickly 1 3 5 Slowly

How quickly does your child adapt to new foods and places?
 Quickly 1 3 5 Slowly

Approach/Withdrawal ~ What is your child's initial reaction to new people, new foods, new toys, and new activities?
 Approaches 1 3 5 Withdraws

Physical Sensitivity ~ How aware is your child to slight noises, slight differences in temperature, differences in taste and differences in clothes?
 Not sensitive 1 3 5 Very sensitive

Intensity of Reaction ~ How strong or extreme are your child's reactions? Does your child laugh and cry energetically or smile and fuss mildly?
 Extreme 1 3 5 Mild

Distractibility ~ Is your child easily distracted or does your child ignore distractions? Will your child continue to work or play when other noises or children are present?
 Very distractible 1 3 5 Not distractible

Positive or Negative Mood ~ How much of the time does your child show pleasant, joyful behavior compared with unpleasant crying and fussing behavior?
 Positive 1 3 5 Negative