



DEVELOPMENTAL HISTORY FORM

Child's Name _____ Birth Date ____/____/____
Last First Day Month Year

PERSONAL HISTORY

Type Of Birth _____ Any Complications During This Pregnancy, Labor And/Or Delivery? _____

If So, Please Explain _____

Age Child: Got His/Her First Tooth _____ Sat Up Alone _____
Crawled _____ Walked Without Help _____ Spoke In Full Sentences _____

Does Your Child Use A Pacifier Or Suck Thumb? _____

Languages Spoken In Your Home _____

HEALTH

Has Your Child Had Any Serious Illness Or Hospitalization (Describe)? _____

Does Your Child Have Allergies (Asthma, Hayfever, Insect Bites, Medicines, Or Food)? _____

Are Any Medications Given Regularly? _____

List Any Other Health Problems Your Child May Have _____

EATING

Are There Any Special Feeding Problems (Including Special Diets And/Or Food Allergies) _____

Favorite Foods? _____ Foods Refused? _____

TOILET HABITS

Does Your Child Indicate Bathroom Needs? _____ Word For Urination? _____

Bowel Movement? _____ Is Your Child Frightened By The Bathroom? _____

Does Your Child Have Accidents? _____

SLEEPING HABITS

Does Your Child Have A Room Of His/Her Own? _____ If Not, With Whom Does The Child Share A Room?

Does Your Child Take Naps? _____

What Time Does Your Child Go To Bed For The Night? _____ A.M. Awakening? _____

Are There Any Unusual Sleeping Patterns? _____

SOCIAL RELATIONSHIPS

Does Your Child Usually Play With: One Friend? _____ Many Children? _____ A few Children? _____

Other Children? _____ Younger Children? _____ Children Of The Same Age? _____ Alone? _____

Has Your Child Had Experiences Playing With Other Children? _____

Please Describe _____

Is Your Child Currently Enrolled In Any Special Group? _____

Does He/She Play Well Alone? _____

What Are Your Child's Favorite Play Activities And Interests? _____

Is Your Child Frightened By: Animals? _____ Strangers? _____ Loud Noises? _____

Storms? _____ Dark? _____ Anything Else? _____

Does Your Child Have Any Nervous Habits? _____

Which Of These Words Best Describes Your Child?

- | | | |
|--------------------------|----|----------------------------------|
| _____ leader | or | _____ follower |
| _____ lacks self control | or | _____ uses self control |
| _____ independent | or | _____ dependent |
| _____ friendly | or | _____ disagreeable |
| _____ attentive | or | _____ inattentive |
| _____ follows directions | or | _____ does not follow directions |
| _____ confident | or | _____ shy |

In What Ways Is Your Child Different From Other Children? _____

How Do You Comfort Your Child? _____

What Are Your Child's Responsibilities At Home? _____

What Is Your Biggest Discipline Problem? _____

Describe The Kind Of Discipline Used At Home _____

How Does Your Child Feel About Going To School? _____

How Do You Think Your Child Will Adjust To School? _____

What Do You Hope Your Child Will Learn This Year? _____
