



## Child Development

Child's Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

To provide the highest quality care for your child, it is helpful to understand a bit about his/her developmental history. Your child's new teacher will use this information to try and create a smooth adjustment for your child between home and school. Feel free to write in as much information as you like.

### **ACTIVITIES:**

Please list your child's favorite toys and activities.

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What do you consider your child's activity level?

Normal       Active       Prefers quiet activities       Prefers to be outside

### **EATING HABITS:**

What foods does your child like?

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What foods does your child dislike?

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What do you do when your child refuses to eat?

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What drinks does your child prefer? \_\_\_\_\_

Does your child drink a lot of liquids?  YES  NO

**SLEEPING HABITS:**

Does your child nap at home?  YES  NO

Do you keep your child on a regular naptime schedule?  YES  NO

At what time does he/she generally like to sleep? \_\_\_\_\_

Does your child have a favorite toy, blanket etc. he/she like to sleep with?  YES  NO

If yes, please elaborate: \_\_\_\_\_

Does your child need help to fall asleep (rocking, patting, rubbing his/her back or head, etc)?  YES  NO

If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

What is your child's mood when he/she wakes up?

\_\_\_\_\_

\_\_\_\_\_

**TOILET HABITS:**

What word does your family use for urination? \_\_\_\_\_

For bowel movement? \_\_\_\_\_

Is your child toilet trained?  YES  NO  Working on it

Does your child wear diapers or pull-ups during naptime?  YES  NO

Does your child have accidents?  YES  NO

If yes, please explain how you respond?

\_\_\_\_\_

\_\_\_\_\_

**LANGUAGE DEVELOPMENT:**

Is your child using words?  YES  NO

Does your child speak in sentences?  YES  NO

Do you use infant/toddler sign language at home?  YES  NO

Is a language other than English spoken in your home?  YES  NO

If yes, what language? \_\_\_\_\_

Does your child have difficulty with his/her speech?  YES  NO

If yes, please elaborate:

\_\_\_\_\_

\_\_\_\_\_

**SOCIAL AND EMOTIONAL DEVELOPMENT:**

Is your child used to playing with and being around other children?  YES  NO

Does your child have trouble separating from you?  YES  NO

If yes, what do you do to assist your child?

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What is the best way to comfort your child when he/she feels sad or homesick?

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How does your child express anger or frustration? What do you do to help your child when he/she is upset?

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Does your child have a tendency to run away or hide from adults?  YES  NO

Does your child have tantrums?  YES  NO

If yes, how do you respond?

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What methods of discipline, guidance, and consequences do you use with your child when he or she misbehaves?

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**DEVELOPMENTAL CONCERNS**

Do you have any suspected or diagnosed concerns about your child's development in the following areas?

Physical Development?  YES  NO

Social Development?  YES  NO

Cognitive Development?  YES  NO

Developmental Delay?  YES  NO

Please elaborate about any "yes" answers, and describe your recommendations for working with your child. If necessary, we will work with you to create a health or behavior plan.

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**ADJUSTMENT:**

Do you expect any adjustment problems when your child begins care? Explain:

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Previous childcare attended: \_\_\_\_\_

Any problem at previous childcare: \_\_\_\_\_

**FAMILY LIFE:**

Who else lives at home with you and your child?

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please note here any special family situations we should be aware of such as custody arrangements, unusual circumstances, recent changes in your child's life, etc:

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**OTHER INFORMATION:**

Please tell us anything else you would like us to know about your child (his/her general personality, tendency towards affection, likes/dislikes, etc.).

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_