

# Child Development:

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Who does your child live with?

\_\_\_\_ Father's Name \_\_\_\_\_

\_\_\_\_ Mother's Name \_\_\_\_\_

\_\_\_\_ Brothers (names & ages) \_\_\_\_\_

\_\_\_\_ Sisters (names & ages) \_\_\_\_\_

\_\_\_\_ Anyone else, please list name and relationship \_\_\_\_\_

## Health History:

Does your child have any special dietary needs or allergies? Restrictions in diet will require a physician note.

\_\_\_\_\_

Does your child have a history of:

Vision impairment or frequent eye infections? \_\_\_\_\_

Hearing impairment or frequent ear infections? \_\_\_\_\_

Speech delays? \_\_\_\_\_

Has your child ever undergone any special testing? \_\_\_\_\_

Does your child exhibit any fears? \_\_\_\_\_ How do you comfort your child? \_\_\_\_\_

Has your child attended a day care in the past? \_\_\_\_\_

Has your child ever been cared for by anyone other than parents? \_\_\_\_\_

## Child Interests/Daily Routines:

What is your child's favorite book, song, or special area of interest? \_\_\_\_\_

\_\_\_\_\_

What materials hold your child's attention the longest? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

What words does your child use when wanting to use the bathroom? \_\_\_\_\_

Do you have specific ways of helping your child go to sleep? \_\_\_\_\_

Does your child sleep well? \_\_\_\_\_

Does your child sleep during the day? \_\_\_\_\_ When? \_\_\_\_\_ How long? \_\_\_\_\_

Is there a second language spoken in your home? \_\_\_\_\_ If so, which language? \_\_\_\_\_