

Tots Land Day Care-Learning Center
2639 N. Harlem Ave
Chicago, IL 60707
773 574 9290

CHILD DEVELOPMENTAL HISTORY INFORMATION

Child's Name _____ **Age** _____ **Birth date** _____ **Sex:** M F
Child's Address _____ Telephone _____
Language(s) child speaks _____

Health History

Does your child have any health issues? _____
Does your child take any medication? (Give name/dose/frequency) _____
Has your child ever had a Serious accident/illness? _____ Hospitalization? _____
Did/does your child have Recurrent ear infections? Have tubes in his/her ears? Yes No
 Allergies? Describe: _____
 Asthma? Treatment? _____
Has your child had a Hearing Screening Vision Screening Speech/Language Screening?
When? _____

Developmental Milestones

As accurately as you can remember, how old was your child when s/he: Sat up _____ Crawled _____ Walked _____
Talked (2 words) _____ Fed self (spoon) _____ Toilet trained: Started _____ Completed _____
Do you have concerns about your child's development in *any* of these areas?
 Speech or Language Motor Skills Social Skills Cognitive (Intellectual) Sensory Behavioral Emotional
Describe: _____
Does your child have any developmental delays or special needs? _____
Has your child had a developmental or diagnostic assessment? _____
Does your child receive any special services (*i.e.*: Speech, O.T., Behavior Therapy, etc.)?

Your Child's Daily Routine

What is the best time of day for you with your child? _____

Eating

Does your child use a pacifier suck thumb use a bottle? When? _____
Does your child feed him/herself? parent feeds child? _____
Food issues? _____
Food allergies? _____

Diapering/Toileting

Is your child toilet trained? Yes No "In progress" Concerns? _____

Sleeping

Does your child go to sleep easily with difficulty with a bottle with a parent use a "lovely" have a bedtime ritual?
Describe: _____
Does your child have a regular bedtime? Yes No Wakes at: _____ Naps at: _____ Goes to bed at: _____

Activities and Play

Describe the type of activities your child enjoys: _____
Does your child *avoid* any physical activities? _____

Does your child attend any other regular groups or classes? Yes No

Describe: _____

Does your child demand a lot of adult attention? Yes No Describe: _____

Social Relationships

Has your child been recently enrolled in childcare? When/Where? _____

Describe any previous experiences the child has had: _____

Does your child usually play alone w/ siblings w/parents w/ younger children w/older children w/adults?

What are your child's positive personality traits? _____

What are your child's negative personality traits? _____

How does your child handle separation? _____

What works best? _____

Does your child have any fears? _____

How does your child express these fears? _____

What helps? _____

When does your child get angry? _____

How does she/he express this? _____

How do you respond? _____

What describes your child's "natural" temperament?

(please circle)

Energy Quiet ---------- Very active

First Reaction (to new people, activities, ideas) Outgoing, jumps right in ---------- Shy, holds back

Mood (general emotional tone) Usually positive, happy ---------- More serious, analytical

Intensity (strength of emotional reactions) Has mild reactions ---------- Has strong reactions

Persistence (ease of stopping when involved in an activity) Easily redirected ---------- "Locks in"

Sensitivity (to noises, emotions, tastes, textures, stress) Usually not sensitive ---------- Very sensitive

Perceptiveness (notices people, noises, objects) Hardly ever notices ---------- Very perceptive

Adaptability (copes with transitions, changes in routine) Flexible, adapts quickly ---------- Adapts slowly

Regularity (regular about eating./sleeping times, etc.) Regular, follows routine ---------- Irregular

Attention Span/Distractibility (ability to follow through with task) Stays focused ---------- Easily distracted

Parent Comments

Is there anything else you

would like us to know about your child? _____

Do you have any concerns about your child (*i.e.: eating, sleeping, toileting, behavior, etc.*)? _____

What behaviors do you find "hard to handle" in your child? _____

What kind of discipline works best with your child? _____

What are your goals for your child in preschool at Tots Land? _____

Thank you for taking the time to complete this form. It will help us to be sensitive to your child's needs.

Parent Signature _____ **Date** _____