PRESCHOOL DEVELOPMENT HISTORY

roday's date:
Child's Name: Called (Nickname):
Birthdate: Gender:
Parent/Guardian's Name:
HEALTH:
Is your child taking any medication: ☐ Yes ☐ No If Yes, please explain:
Does your child have any allergies? ☐ Yes ☐ No If Yes, please explain: ☐ No
Does your child tire easily: ☐ Yes ☐ No If Yes, please explain: ☐ ☐ Yes ☐ No
Does your child become easily excited? ☐ Yes ☐ No
Your child's request word(s) for using the bathroom:
Your child's sleep habits: Number of nighttime hours:
Napping (time of day and amount of sleep):
Items that your child sleeps with:
Comforting tools to help your child to sleep:
OPTIONAL Does your child have any contagious illness that could impact other children or staff
(Malaria, Hepatitis A, Hepatitis B, HIV/AIDS)? If yes, what?
Is your child right-handed, left-handed or undecided?
EMOTIONAL BACKGROUND: What type of discipline works best with your child?
What previous group experience has your child had and what were their reactions?
Does anyone take care of your child on a regular basis?
How does your child react to babysitters and new people/situations?
Tion does your crima react to busysitters and new people/situations:
What things can your child do by him/herself (circle all that apply)? Feed themselves, dress them-
selves, washing hands, using toilet, tying shoes, other:



What languages are spoken in your home?
What behaviors are shown at home:
How do you handle or prevent these behaviors?
Does your child find it difficult or easy to share possessions with others?
Are you aware of any fears or anxieties that your child has? ☐ Yes ☐ No If Yes, please explain:
Circle the words that best describe your child: confident anxious responsible loving fearless insecure self-reliant leader follower cooperative fearful
SOCIAL BACKGROUND:
Does your child have siblings? ☐ Yes ☐ No
Number of brothers: Number of sisters:
Number of playmates: Ages of playmates:
Does your child get along with other children:
How much time does your child spend alone each day (excluding TV watching)?
How much time outdoors?
In what situations will your child need the most help?
SPECIAL INTERESTS:
Is your child interested in books? ☐ Yes ☐ No If Yes, please explain:
What is your child interested in?
About how much time does she/he spend watching television?
What are your child's special interests or abilities?
What play materials holds his/her attention the longest?
Name the kind of pets you have in your home:
Does your child have good or poor relationships with pets (i.e. fears)?
Other comments that can help your child have a pleasant time while at our center: