

Preschool Developmental History

Child's Name _____ Birth Date _____

Today's Date _____

Health

Is your child taking any medication? _____ Any allergies? _____

Does your child tire easily? _____

Does he become easily excited? _____

The child's request word or words for using the bathroom _____

Sleep habits: Number of nighttime hours _____ nap _____

Comments _____

Are both parents in good health? _____

Are there any other members of your child's immediate family with a serious health problem? _____

Does your child have any contagious illness that could impact other children or staff (Malaria, Hepatitis A, Hepatitis B, HIV, AIDS, etc.)? If yes, what? _____

Does anyone help you take care of your child on a regular basis? _____

Is your child right- or left-handed, or undecided? _____

Do you have back-up child care if your child becomes ill at the center? _____

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Are you aware of any fears or anxieties your child has? Explain _____

Does your child find it difficult or easy to share possessions with others? _____

Circle the words which best describe your child: confident insecure
anxious responsible self-reliant leader follower cooperative
loving fearful

Social Background

No. of brothers _____ No. of sisters _____

No. and age of playmates _____

How does your child get along with other children? _____

How much time does your child spend alone each day(excluding TV watching)? _____

Out of doors? _____

Is your child more at home with adults or children? _____

In what situations will your child need the most help? _____

Special Interests

Is your child interested in books? _____

What subjects does he/she ask questions about? _____

About how much time does he/she spend watching TV? _____

What are your child's special interests or abilities? _____

What play materials hold his/her attention the longest? _____

Indoors _____ Outdoors _____

Name and kinds of pets in home _____

Does child have good or poor relationship with pets? _____

Emotional Background

What type of discipline works best with your child? _____

What previous group experience has your child had, and what were his/her reactions? _____

How does your child react to babysitters and new people and situations? _____

What kinds of things can your child do by him/herself? (include feeding, dressing alone, washing hands, using the toilet, tying shoes, etc.) _____

Do you have behavior problems with your child? _____