



Developmental History and Background Information

Child's name _____ **Date of birth** _____

Age began sitting _____ crawling _____ walking _____ talking _____

Any speech challenges _____

Special words to describe needs _____

Language spoken at home _____

Health

Any known complications at birth? _____

Serious illnesses/hospitalizations? _____

Special physical conditions/disabilities? _____

Allergies (Foods, insects, environmental, medicine) _____

Eating Habits

Special characteristics or difficulties? _____

Favorite foods _____ Foods refused _____

Normal eating schedule _____

Bathroom Habits

Does your child use the toilet? _____ Potty chair? _____ Special seat? _____

How does your child indicate bathroom needs? _____

Is your child ever reluctant to use the bathroom? _____ Does he/she have accidents? _____

Social Development

Briefly describe your child's temperament _____

Previous experience with other children _____

Reaction to new people _____

Favorite activities _____

Fears _____ How do you comfort when scared or sad? _____

What is typical behavior management/discipline for this child? _____

What would you like your child to gain from this school experience? _____

Is there anything else you'd like us to know about your child? _____

Parent/Guardian signature _____ Date _____