

## DEVELOPMENTAL HISTORY

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Personal History

Age began Sitting \_\_\_\_\_ Crawling \_\_\_\_\_ Walking \_\_\_\_\_ Talking \_\_\_\_\_ Primary Language \_\_\_\_\_  
Any difficulties in speaking? \_\_\_\_\_

### Health

Any allergies? (food, medication, insect bites) \_\_\_\_\_ EPI-PEN? \_\_\_\_\_  
Comments \_\_\_\_\_  
Any physical disabilities? (asthma, hayfever) \_\_\_\_\_  
Any serious illness or hospitalization? \_\_\_\_\_

### Eating

Food Allergies \_\_\_\_\_ Favorite Foods \_\_\_\_\_ Food Refused \_\_\_\_\_  
Comments \_\_\_\_\_

### Toilet Habits (if applicable)

Does child indicate bathroom needs? \_\_\_\_\_ Word for Urination \_\_\_\_\_ Word for Bowel Movement \_\_\_\_\_  
Does child have accidents? \_\_\_\_\_ Any fears connected to bathroom? (flushing, closing in stalls, etc.) \_\_\_\_\_

### Sleeping Habits

Does child take naps? \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Mood on Awakening? \_\_\_\_\_  
What does child take to bed with him/her? \_\_\_\_\_ Bedtime? \_\_\_\_\_ Awaken? \_\_\_\_\_

### Social Relationships

Has child had experiences playing with other children? \_\_\_\_\_  
By nature is child: Friendly \_\_\_\_\_ Aggressive \_\_\_\_\_ Shy \_\_\_\_\_ Withdrawn \_\_\_\_\_  
How does child relate to strangers? \_\_\_\_\_ Does child play well alone? \_\_\_\_\_  
Is child frightened by: Animals? \_\_\_\_\_ Rough Children \_\_\_\_\_ Loud Noises \_\_\_\_\_ Dark \_\_\_\_\_ Storms \_\_\_\_\_ Other \_\_\_\_\_  
What is your method of disciplining?(removal from situation, reasoning, other) \_\_\_\_\_  
What is the best way of comforting your child? \_\_\_\_\_  
What are your expectations for your child this year? \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature and Date