



**Child's Name** \_\_\_\_\_ **Birthday** \_\_\_\_\_  
Last First Month Day Year

**Personal History**

Type of birth: normal  Premature; any complications? \_\_\_\_\_  
 Does the child:  crawl  walk  Has the child begun talking?  Yes  No  
 Does the child speak:  words  sentences  
 What language  English  Other \_\_\_\_\_

**Health**

What communicable diseases has your child had?  Measles (red)  Measles (3 day)  
 Mumps  Chicken Pox  Whooping Cough  Other \_\_\_\_\_  
 Any serious illness or hospitalization?  No  Yes Explain: \_\_\_\_\_  
 Is the child **allergic** to any **medications**?  No  Yes List: \_\_\_\_\_  
 Is the child **allergic** to any **foods**?  No  Yes List: \_\_\_\_\_  
 Are there any **other allergies**?  No  Yes List: \_\_\_\_\_  
 Has your child received any **support/special services or therapies**?  No  Yes List: \_\_\_\_\_  
 \_\_\_\_\_  
 Are there **medications given regularly**?  No  Yes List: \_\_\_\_\_

**Toilet Habits**

Is your child toilet trained?  No  Yes  
 Does your child tell an adult when she/he needs to go to the bathroom?  No  Yes  
 Do you need to remind her/him?  No  Yes

**Sleeping Habits**

What time does your child go to bed? \_\_\_\_\_ Awaken? \_\_\_\_\_  
 What is the child's mood on awakening? \_\_\_\_\_  
 Does your child nap?  No  Yes Give your child's nap schedule \_\_\_\_\_

**Social Relationships**

Does the child spend time with both parents?  Yes  No  
 If the parents are separated, how often does your child see the absent parent? \_\_\_\_\_  
 Is there a current legal document concerning custody?  Yes  No If yes provide appropriate documentation.

Name of <b>all persons</b> in the home: _____	Age: _____	Age _____
_____	Age: _____	Age _____
_____	Age: _____	Age _____

Has anyone other than parents had a substantial role in rearing of the child? \_\_\_\_\_  
 Has your child had experiences in playing with other children?  Yes  No  
 Does your child attend another school?  Yes  No  
 If so, where? \_\_\_\_\_ Days & Hours? \_\_\_\_\_  
 By nature is your child:  friendly  aggressive  shy  withdrawn  
 Do you feel your child adjusts easily to a childcare situation?  Yes  No  
 Does your child enjoy being alone?  Yes  No  
 How does your child relate to strangers? \_\_\_\_\_  
 What makes your child angry or upset? \_\_\_\_\_  
 How does your child show his/her feelings? \_\_\_\_\_  
 Who does most of the disciplining? \_\_\_\_\_  
 What do you find is the best way of handling your child? \_\_\_\_\_  
 Is your child frightened by any of the following:  animals  dark  storms  loud noises  
 Other \_\_\_\_\_

Have there been any notable changes in your child's life in the last six months?  No  Yes  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 Are you or your family having any problems that might affect your child?  No  Yes  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 Is there anything else that you would like us to know about your child?  No  Yes  
 Explain: \_\_\_\_\_

Review Dates		
Date	P/I	A/I
Date	P/I	A/I