



## PRESCHOOL DEVELOPMENTAL HISTORY

Today's Date \_\_\_\_\_ Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Nickname \_\_\_\_\_ Gender: M F

### Health

Is your child currently taking any medications? Yes No

If so, why? \_\_\_\_\_

Any allergies? \_\_\_\_\_

Does your child tire easily? Yes No Is your child easily excitable? Yes No

How does your child indicate that he/she needs to use the bathroom? \_\_\_\_\_

### Sleep Habits

Average hours per naptime: \_\_\_\_\_ Per night: \_\_\_\_\_  
(All preschoolers are required to rest quietly on their cots for a minimum of 45 minutes each afternoon.)

Comments: \_\_\_\_\_

\_\_\_\_\_

### Social and Emotional Background

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

\_\_\_\_\_

Do you any concerns regarding your child's behavior? \_\_\_\_\_

\_\_\_\_\_

What types of discipline/redirection have you found to be most effective with your child? \_\_\_\_\_

\_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_

Does your child find it difficult to share possessions with others? Yes No

Is your child typically more comfortable with adults or with other children? \_\_\_\_\_

Does anyone help you to take care of your child on a regular basis? Yes No

If so, who? \_\_\_\_\_

How does your child react to new people and situations? \_\_\_\_\_

Please describe any fears or anxieties your child has: \_\_\_\_\_

\_\_\_\_\_

How do you handle or prevent them? \_\_\_\_\_

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

\_\_\_\_\_

Is your child right-or left-handed, or undecided? \_\_\_\_\_

Circle the word(s) which best describe your child:

Confident      Anxious      Leader      Fearful      Responsible      Cooperative

Insecure      Self-reliant      Follower      Curious      Fearless      Loving

Please describe your child's siblings, including age and gender:

\_\_\_\_\_

Please describe your child's regular playmates, including age and gender:

\_\_\_\_\_

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

How much time does your child spend outdoors on nice days? \_\_\_\_\_

In what situations might your child need the most help?

\_\_\_\_\_

What is the primary language(s) spoken in your home? \_\_\_\_\_

## Special Interests

What are your child's special interests or abilities? \_\_\_\_\_

Is your child interested in books? \_\_\_\_\_

What subject(s) does he/she ask questions about? \_\_\_\_\_

About how much time does your child spend watching TV? \_\_\_\_\_

What types of play materials hold his/her attention the longest?

Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_

Does child have good or poor relationship with pets? \_\_\_\_\_

Please describe the name(s) and type(s) of pets in the home: \_\_\_\_\_

## Additional Information:

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