



CHILD DEVELOPMENT FORM

Child's Name: _____
Preferred Name: _____
Age: _____

In order for us to provide quality care for your child, we need to understand a bit about his/her developmental history. Feel free to write in as much information as you like. Use the reverse side of this form if necessary.

ACTIVITIES:

Please list your child's favourite toys and activities.

What do you consider your child's activity level to be like:

- Normal Tends to get a bit hyper Prefers reading and quiet activities to outdoor play
 Prefers to be outside

HEALTH:

Does your child suffer from food allergies or insect bites? YES NO

If yes, please explain what needs to be done in these instances:

Is there any thing we should know about your child's physical or mental health? YES NO
If yes, please elaborate:

Has your child been hospitalized? Explain: _____

Has your child had any injuries with fractures or loss of consciousness? Explain:

Last immunization date: _____ Proof: _____
Last vision test date: _____ Last hearing test date: _____
Last dentist visit date: _____ Last physical examination: _____



Do any members of your family have a history of: Asthma _____ Diabetes _____ Epilepsy _____

Does your child have problems with: (circle all that apply)

Constipation	Convulsions	Diarrhoea	Fainting Spells	Frequent Colds
Skin Rash	Ring Worm	Lice	Stomach Upsets	Sore Throats
Worms	Ear Infections	Soiling		

Has your child had any of these diseases: (circle all that apply)

Asthma	Bronchitis	Diabetes	Chicken Pox	German Measles
Measles	Mumps	Hepatitis	Impetigo	Heart Disease
Scarlet Fever	Tuberculosis	Polio	Whooping Cough	

SLEEPING HABITS:

Does your child nap? [] YES [] NO

Do you keep your child on a regular nap-time schedule? [] YES [] NO

At what time does he/she generally like to sleep? _____

Does your child have a favourite toy, blanket etc. he/she like to sleep with? [] YES [] NO

If yes, please elaborate: _____

What is your child's temperament when he/she wakes up? _____

TOILET HABITS:

Is your child toilet trained? [] YES [] NO

What word does your family use for urination? _____

For bowel movements? _____

Does your child have accidents? [] YES [] NO

If yes, please explain how you handle this: _____

Does your child wear diapers during nap times? [] YES [] NO



SOCIAL DEVELOPMENT:

Is your child used to playing with other children? [] YES [] NO

Does your child have trouble separating from you when being dropped off? [] YES [] NO

If yes, what do you do to assist your child? _____

Does your child make shy or have trouble adjusting to new places and faces? [] YES [] NO

If yes, how do you assist your child? _____

Does your child have a tendency to run away? [] YES [] NO

How does your child express anger or frustration? _____

Does your child have a tendency to throw temper tantrums? [] YES [] NO

If yes, how do you handle this? _____

When your child is upset, what do you do to comfort him/her? _____

Does your child have any special fears? _____

What method of discipline do you use with your child? _____

Is there anything you are concerned about where your child's social development is concerned?

[] YES [] NO

If yes, please elaborate: _____

Are there any development concerns, diagnosed or suspected with your child (i.e.: advances, slow)?

[] YES [] NO

If yes, what are the recommendations for working with your child? _____

LANGUAGE DEVELOPMENT:

Is your child using words? [] YES [] NO

Does your child speak in sentences? [] YES [] NO



Is a second language spoken in your home? [] YES [] NO

If yes, what language? _____

Does your child have difficulty with his/her speech? [] YES [] NO

If yes, please elaborate: _____

FOODS:

What foods does your child like? _____

What foods does your child dislike? _____

What do you do when your child refuses to eat? _____

What drinks does your child prefer? _____

Does your child drink a lot of liquids? [] YES [] NO

Do you water down fruit juices? [] YES [] NO

ADJUSTMENT:

Do you expect any adjustment problems when your child begins care? Explain:

Previous child care attended: _____

Any problems at previous child care: _____

FAMILY LIFE:

Can you please tell us who else lives at home with you and your child?

Name: _____ Nick Name: _____ Relationship: _____

Name: _____ Nick Name: _____ Relationship: _____

Name: _____ Nick Name: _____ Relationship: _____



Please note here any special family concerns we should be aware of such as custody arrangements or other family situations. _____

OTHER INFORMATION:

Please tell me anything else you would like us to know about your child (his/her general personality, tendency towards affection, etc.).

