

Class: _____

Developmental History

Date: _____

Kids in Discovery Preschool is dedicated to providing your child with a happy, secure environment. By sharing your child's developmental history with us, we can better serve his/her needs.

CHILD'S NAME: _____ Birth date: _____

1. Others in household: List names & ages of all siblings (at home and not at home), stepchildren, and adults in your household: _____

Pets: _____

2. Has your child had experiences playing with other children? Yes No
Neighborhood friends: _____ Daycare: _____

3. How do you feel your child relates to other children? Outgoing - loves to play w/ others
 Friendly - likes to play with friends Shy - takes a while to warm up
 Prefers to be alone Other _____

4. Does your child know any other children who attend KIDS? _____

5. How much English does your child speak? Fluent Some Only a few words None
Does your child speak any language other than English? Yes No
List which language(s): _____

6. Have there been any changes in your family structure which may have affected your child (i.e. birth, death, adoptions, divorce, separation) _____

7. How does your child react in stressful situations? _____

8. How do you discipline your child? _____

9. What upsets your child? _____

10. What comforts your child? _____

11. What are your child's interest, favorite toys, activities, etc? _____

12. Does/will your child participate in: Stories Music Outside play? _____

13. Has your child had experience with: Scissors Blocks Easel paint
 Finger paint Play dough Markers



Child's Name: _____

14. Is your child toilet trained? Yes No Urine Bowels
Can your child take care of his/her toilet needs? Yes No
For boys, does he stand or sit? _____
Is there a specific word your child uses or recognizes for bathroom needs? _____
15. Is your child a good average or poor eater? Does s/he eat a good breakfast? Yes No
Does your child have any dietary restrictions? Yes No
If so, please indicate restriction: _____
16. Has your child had a serious illness, surgery or hospital stays? _____

17. Does your child sleep well? Yes No What is your child's bedtime? _____
How long does your child typically sleep? Please specify time, from ___:___ pm to ___:___ am
Does your child take a nap during the day? Yes No
If so, what time and how long? _____
18. Does your child have allergies? Yes No If so, please indicate: _____
19. Is your child taking regular medication? Yes No If yes, please indicate: _____

20. Has your child participated in any other activities such as: story-time gymnastics
 dance sports Sunday school Other _____
21. Have you ever left your child in the care of another person such as: daycare babysitter
 child watch @ a gym nursery Other: _____
If so, how often: _____
22. Has your child received any: Speech Therapy Occupational Therapy Other Services
Please detail: _____
23. Are there any special celebrations or cultural traditions of which we should be aware?

24. Is there any other helpful information that we need to know about your child? _____

Completed by: _____
Please print name

Relationship to child: _____

Date: _____