

# Developmental History

Child's Name: _____	Date: _____
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## Physical Background

Does anyone help you care for your child on a regular basis?	yes	no	
If yes, please provide name and relationship: _____			
Is your child taking any medications on a regular basis?	yes	no	
If yes, please explain: _____			
Does your child still take a nap? _____			
Which hand does your child use mainly?	right	left	undecided
Is there anything from your child's health history that would be helpful to us? (ie: preterm birth, complications at birth, serious injury, etc) _____			
_____			
Do you have any developmental concerns about your child? _____			
_____			
Has your child had Early Childhood Screening by your local school district: yes no			
If yes, please provide date of screening _____			

## Social Background

Is this your child's first group experience? _____
What were your child's reactions to previous group experiences? _____
_____
What indoor activities does your child enjoy? _____
What outdoor activities does your child enjoy? _____
Does your child have playdates? _____ How often: _____
Ages of playmates: _____
How does your child get along with other children? _____
_____

Please Turn Over

## Emotional Background

Does your child have trouble separating from you or the caregiver?    yes        no

If yes, please explain: \_\_\_\_\_

Are there any special behavior problems we should know about?    yes        no

If yes, please explain: \_\_\_\_\_

What style of discipline works best with your child? \_\_\_\_\_

What is your child's reaction when disciplined? \_\_\_\_\_

Are you aware of any fears or anxieties your child has?    yes        no

If yes, please explain: \_\_\_\_\_

Does your child find it easy or difficult to share possessions with others? \_\_\_\_\_

When upset, how is your child best comforted? \_\_\_\_\_

How does your child comfort him/herself when upset? \_\_\_\_\_

### Please circle the words that best describe your child:

strong-willed	capable	reluctant	excitable	confident
insecure	cautious	responsible	self-reliant	assertive
calm	funny	talkative	considerate	quiet
high energy	sensitive	cooperative	happy	anxious
reserved	determined	independent	other: _____	

### Please circle the self help skills your child can do independently:

toileting        washing hands        dressing: clothing shoes coat

other: \_\_\_\_\_