Andrews University
Children's Learning Center

Developmental History Form Ages 3 Years - 12 Years

Child's Name: .... Date of Birth: ....

What would you like us to call your child? ....

Does your child speak English? ☐ Yes ☐ No

Is any language other than English spoken in your home? ☐ Yes ☐ No

If yes, what languages are spoken at home? ....

Parent/Guardian Name: ....

Parent/Guardian Name: ....

Does the child's father live in the same home as the child?   ☐ Yes ☐ No

Does the child's mother live in the same home as the child?   ☐ Yes ☐ No

Is there a step-parent in the home? ☐ Yes ☐ No

Is your child adopted? ☐ Yes ☐ No If yes, age of adoption _____   If yes, does child know he/she is adopted? ☐ Yes ☐ No

Name of Person Completing Form: ....

FAMILY INFORMATION

In the columns below list the names of family members residing with the child. Please include siblings, extended relatives, and pets. For each person listed provide the name the child uses to address that individual and include ages of siblings.			Please list words in your language corresponding to the English below.	
Name	**How child addresses this individual?**	**Age**	I'll take good care of you	
			I see that you are crying	
			Time to go outside	
			I like your smile	
			Time for snack/lunch	
			Everyone is resting now	
			Daddy will be back	
			Mommy will be back	
			Time to use the bathroom	
			It's group time	
			It's free play. You can choose what you want to do	

If parental custody is shared, describe the custody arrangements: ....

....

....

Please tell us about cultural family customs, rituals, or traditions that will help us make your child's experience more meaningful, including

languages spoken at home: ....

....

....

DEVELOPMENTAL HISTORY

Do you have developmental concerns about your child? ....

....

....

Does your child have any speech difficulties? ☐ Yes ☐ No If yes, explain: ....

....

....

How does your child communicate his/her needs? ....

....

....

Does your child dress themselves? ☐ Yes ☐ No undress self? ☐ Yes ☐ No tie their shoes? ☐ Yes ☐ No

Is your child left or right handed? ☐ left handed ☐ right handed ☐ unsure at this time

CHILD'S HEALTH

List medications regularly taken and conditions requiring them: ....

....

....

....

Describe serious illnesses or hospitalizations:..

....

....

....

Describe special physical conditions, disabilities, allergies, or concerns: ....

....

....

....

Does your child have a special need? ....

....

....

....

Explain special services and accommodations, which are different from those provided by the center's routine program (i.e. exercises, equipment, materials, or special services personnel): ....

....

....

....

Does your child have frequent stomach aches? ☐ Yes ☐ No vomit easily? ☐ Yes ☐ No

Does your child run high fevers easily? ☐ Yes ☐ No

NUTRITION PRACTICES AND ROUTINES

Does your child have any eating difficulties? ☐ Yes ☐ No If yes, explain:...

....

....

List special dietary requests^, food allergies^ and restrictions^ (^Doctor signed form required):...

....

....

....

Are there any foods you do not feed your child? ....

Does your child have strong food likes or dislikes? ....

....

What does milk does your child drink? (choose one)

    ☐ Cow Milk

    ☐ Soy Milk* (*Parent signed form required.)

    ☐ Almond Milk^ (^Doctor signed form required.)

Do you feed your child? (choose all that apply)

    Eggs   ☐ Yes ☐ No^ (^Doctor signed form required.)

    Cheese ☐ Yes ☐ No^ (^Doctor signed form required.)

    Dairy   ☐ Yes ☐ No^ (^Doctor signed form required.)

    Soy   ☐ Yes ☐ No^ (^Doctor signed form required.)

Child eats with: ☐ Spoon ☐ Fork ☐ Fingers ☐ Other ....

Does your child drink from a cup? ☐ Yes ☐ No

SLEEPING ROUTINES

Does your child become tired or nap during the day? ☐ Yes ☐ No If yes, what time and for how long?...

....

Pre-nap routines/rituals: ....

....

What time does your child go to bed at night?... Wake in morning? ....

At home child sleeps in (Check all that apply): ☐ Bed ☐ With parents

Child's typical waking behavior/routine/mood: ....

....

....

Special sleeping concerns:..

....

TOILETING ROUTINES

Is your child reluctant to use the bathroom? ☐ Yes ☐ No If yes, how do you handle this?...

....

....

Is your child toilet trained? ☐ Yes ☐ No ☐ Urination ☐ Bowels ☐ Both If no, does child wear diapers? ☐ Yes ☐ No

Does your child have accidents? ☐ Yes ☐ No If yes, how often/when? ....

What is used at home for toileting? ☐ Potty chair ☐ Special seat ☐ Regular seat Explain: ....

....

How can we support toilet learning?..

....

Words used for urination: ....

....

Words used for bowel movement: ....

....

Are bowel movements regular? ☐ Yes ☐ No How often/when? ....

....

Is there a problem with: ☐ Diarrhea ☐ Constipation Explain: ....

....

....

COMFORTING CHILD

Describe how adults can comfort your child? ....
....
....
....
....

Security object (if any): .... Name child uses for object/when needed: ....
....
....

SOCIAL RELATIONSHIPS

Describe your child's temperament: ☐ Determined ☐ Outgoing ☐ Shy ☐ Relaxed ☐ Assertive Explain: ....
....
....

How does your child react to new situations and new children and adults? ....
....
....

Does your child prefer to play: ☐ Alone ☐ In small groups Explain: ....
....
....

Has your child had previous child care experience? ☐ Yes ☐ No If yes, explain how it met, or did not meet, your expectations? ....
....
....

Child's favorite indoor play activity ....

Child's favorite outdoor play activity ....

Is your child frightened by any of the following? ☐ animals ☐ dark ☐ storms ☐ loud noises ☐ bugs ☐ other ....

Please describe how your child acts in a group play situation. (Check all that apply)

☐ Nervous, worried   ☐ Hyper, restless, can't sit still

☐ Pushy, bullies others   ☐ Relaxed, calm

☐ Social, friendly   ☐ Shy, withdrawn, keeps to self

☐ Gets angry easily   ☐ Scared, fearful

.

ADDITIONAL PERTINENT INFORMATION

Who does most of the disciplining? ....

What do you find is the best technique for disciplining your child? ....

....

Is there additional information you feel is important for the staff to know about your child or family? ....

....

....

What do you as a family, hope to get out of this child care experience?...

....

....

Parent/Guardian Signature: .... Date: ....

Staff Signature: .... Date: ....

Sections of this Developmental History Form will be updated annually or sooner if requested by a parent/guardian.

Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	