

Toddler Developmental History Form

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.

Name	How child addresses this individual?	Age

Please list words in your language corresponding to the English below.	
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	
Let's change your diaper.	
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

Does your child: Crawl? Yes No Walk with support ? Yes No Walk without support? Yes No

Does your child: Say audible words? Yes No Speak in 2 or 3 audible sentences? Yes No

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?

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

Child is fed in: Highchair In Arms Bouncy seat Other

SLEEPING ROUTINES

Pre-nap routines/rituals:

Number of naps daily: _____

From: _____ To: _____

From: _____ To: _____

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

At home child sleeps in (Check all that apply): Bed Crib 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?

Does your child wear diapers during the day? Yes No

Does your child wear diapers when napping? Yes No

If yes, which type of diapers you will provide: disposable cloth* (*see handbook for policy on cloth diapers)

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

Position child prefers to be held:

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

.....
.....

Does your child use a pacifier? Yes No If yes, when:

Describe how adults can comfort your child?

.....
.....
.....
.....

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)

- | | |
|--|---|
| <input type="checkbox"/> Nervous, worried | <input type="checkbox"/> Hyper, restless, can't sit still |
| <input type="checkbox"/> Pushy, bullies others | <input type="checkbox"/> Relaxed, calm |
| <input type="checkbox"/> Social, friendly | <input type="checkbox"/> Shy, withdrawn, keeps to self |
| <input type="checkbox"/> Gets angry easily | <input type="checkbox"/> Scared, fearful |

