

Developmental History Form Grades 1 - 7

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	
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	
Your parents 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.)

Child eats with: Spoon Fork Fingers Other

Does your child drink from a cup? Yes No

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 summer camp 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 |

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 summer camp experience?.....

.....

Parent/Guardian Signature: Date:

Staff Signature: Date: