

ERDMAN PRESCHOOL
DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Child's Name _____ Date of Birth _____
Date of admission _____ Age at admission _____

Personal History

Any speech difficulties? _____
Special words used to describe needs: _____
Language spoken at home: _____
Others in family/household and relationship: _____
Age began sitting: _____ crawling: _____ walking: _____ talking: _____

Health

Any complications at birth, serious illnesses or hospitalizations: _____
Special physical conditions, chronic health conditions/disabilities, special needs or **allergies**: _____

Regular medications/possible side effects: _____

Eating Habits

Describe favorite foods, foods refused and any special characteristics/difficulties: _____

Please indicate your child's eating habits: _____

Toilet Habits

How does child indicate bathroom needs (include special words): _____

Is child ever reluctant to use bathroom? _____
Does child have accidents? _____

Sleeping Habits

When does child get up in the morning: _____ and go to bed at night: _____
Does child become tired or nap during the day? _____
Any special characteristics? _____

Social Relationships

How would you describe your child? _____

Reaction to strangers: _____ Able to play alone: _____
Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____
How do you comfort your child? _____
What type of behavior management/discipline do you use at home? _____

Please describe your child's schedule on a typical day: _____

During the 2017/18 school year will your child be attending another school program or day care? If yes, please list program(s) and days: _____

What would you like your child to gain from this experience? _____

Is there anything else you would like us to know about your child, your family, your culture and/or beliefs that will help us plan your child's school experience? You may use the back of this form if necessary. Thank you.

The Department of Early Education and Care requires that this information be on file to address the needs of your child while in our care. Parent/Guardian Signature _____ Date _____