

**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 his/her time at Erdman, 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 at Erdman?

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 \_\_\_\_\_