

LSUA CHILDREN'S CENTER

DEVELOPMENTAL HISTORY

Child's Name _____
Last First Middle

Siblings: 1. _____
Name Date of Birth Child Care Setting/School

2. _____
Name Date of Birth Child Care Setting/School

Describe your child briefly (physical appearance, personality, abilities, etc.):

If school-age: School _____ Grade placement _____
Address _____

If under age 5: Previous years of child care experience _____

Circle all that apply: Center Family Child Care Home In-Home/Relative Care

Other (please give details) _____

SLEEPING HABITS

What time does your child go to bed? _____ Awaken? _____

When is he/she ready for sleep? _____ Does he/she have own room? _____

Own bed? _____ Does he/she walk, talk, or cry at night? _____

What does he/she take to bed with him/her? _____

What is his/her mood on awakening? _____

Does he/she take naps? _____ From when _____ To when _____

SOCIAL RELATIONSHIPS

Has he/she had experience playing with other children? _____

By nature, is he/she friendly? _____ Assertive? _____ Aggressive? _____ Shy? _____

Withdrawn? _____

How does he/she get along with brothers and sisters? _____

Other adults? _____

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With what age does he/she prefer to play? _____

Is he/she known by any children at the LSUA Children's Center? _____

Does he/she appear to enjoy being alone? _____

How does he/she relate to strangers? _____

Does he/she demand a lot of adult attention? _____

What makes him/her upset? _____

How does he/she show feelings? _____

What methods do you use when he/she behaves in a way that you do not approve of? _____

Who does most of the disciplining? _____

What frightens your child? Animals? _____ People? _____ Rough children? _____

Loud noises? _____ Darkness? _____ Storms? _____

Anything else? _____

Favorite toys and activities at home? _____

Does he/she like to be read to? _____ Favorite book(s)? _____

Does he/she like to listen to music? _____ What type(s)? _____

Does he/she prefer to play outdoors? _____ What games? _____

Can he/she ride a tricycle? _____ Bicycle? _____ At what age did they learn to ride? _____

List child's favorite activities: _____

List child's favorite foods: _____

Does he/she enjoy eating? _____

Are bowel movements regular? _____ How many per day? _____

What time(s)? _____ Any frequent problems? Diarrhea? _____ Constipation? _____

How frequently do accidents occur? _____

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INFANT/TODDLER INFORMATION

Any history of colic? _____

Is child's skin highly sensitive? _____ Frequent diaper rash? _____

Do you use: Oil? _____ Powder? _____ Lotion? _____ Other? (please specify) _____

Describe child's typical daily schedule _____

Any special feeding problems? _____

Does your child eat unassisted? _____ Does he/she enjoy eating? _____

How has child been fed? Held in lap? _____ High chair? _____ Other? (please specify) _____

Does child use a pacifier or suck thumb? _____

Does child pull self to standing position? _____ Crawl? _____ Walk with support? _____

Does child have a fussy time? _____ When? _____

How is this handled? _____

Has toilet training been attempted? _____

What is used at home? Potty chair? _____ Special toilet seat? _____ Regular toilet seat? _____

Please share any other information that you consider helpful to the LSUA Children's Center staff and let us know in what particular ways we can be of assistance to you and your child:
