



Child Personal History

Child's Full Name: _____ Nickname: _____

Birth Information

Birth Date: _____ Type of Birth: ___ Normal ___ Premature Complications? (explain): _____

Language

Age child began talking? _____ Does that child speak another language? If yes, which? _____

Are there special words child uses to describe needs?: _____

Health

What arrangements can you make for child's care during illnesses? _____

Have there been any serious illnesses or hospitalizations? _____

Are there any physical disabilities or developmental delays? _____

Are there any medications given regularly? _____

Allergies? _____ Any food limitations? _____

Toilet Habits

Is your child toilet trained? _____ Can your child toilet independently? _____

Any other issues regarding toilet habits? _____

Sleeping Habits

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

Does your child have a regular bedtime routine? _____

(please see back)

Social Relationships

Does your child spend time with both parents? _____ If no, explain _____

If separated/divorced, how often does your child see the absent parent? _____

Does your child play with other children? _____

Please list ages and names of siblings:

Has your child been in school/daycare before? Please describe listing school and/or program:

How does your child relate to strangers or new situations? _____

How does your child show his/her feelings? _____

Is your child frightened by anything we need to know about? _____

Who does most of the disciplining? _____ How do you comfort your child? _____

In what ways can we help your child this year? _____

Thank you for taking the time to complete the above. ☺