

DEVELOPMENTAL HISTORY

EATING HABITS:

At what time does the child eat breakfast? _____ Lunch? _____
Dinner? _____ Between-meal snacks? _____ Does he/she feed
him/herself? _____ What is his/her general attitude toward
eating? _____ If he/she refuses to eat, how is this handled?

Favorite foods _____

Disliked foods _____

Food allergies _____

If the child is an infant, use a separate sheet for information about formula, schedule, etc.

SLEEPING HABITS:

Has room alone _____ Shares with other children _____ Rooms with
parents _____

Sleeps at night from _____ to _____ Average # of hours _____

Naps from _____ to _____ Average # of hours _____

Attitude toward going to bed _____

Does your child have a "cuddly?" What is it? _____

If there is difficulty, how is it handled? _____

Habits associated with going to bed? _____

Does he/she wet the bed? _____ At nap time? _____

If so, how is the problem handled? _____

TOILET HABITS:

Is he/she potty trained? _____ Does he/she take him/herself? _____

Are bowel movements regular? _____ constipated? _____

Does he/she tell you when he/she needs to go to the toilet and go willingly? _____

Can he/she manage clothes at the toilet? _____ What word does he/she use for
urinating? _____ BM? _____

SPEECH AND PHYSICAL GROWTH:

Does he/she talk well? _____ Fairly well? _____ Not very well? _____

Not at all? _____ Does anyone read to him/her? _____ How regularly?

At what age did he/she creep? _____ Crawl? _____ Walk? _____

Would you describe him/her as active or quiet; thin, average weight, heavy; average
height, short, tall; friendly or reserved?

Give below any other information you think we should have about your child:

SOCIAL RELATIONSHIPS/PLAY:

What ages are your child's most frequent playmates? _____

Is your child friendly? _____ Aggressive? _____ Shy? _____ Withdrawn? _____

Does your child play well alone? _____ What is your child's favorite toy? _____

_____ Is your child frightened by animals? Loud noises? The dark? Storms? Anything else? _____

Other children in the home? What ages? _____

Who does most of the disciplining at home? _____

What is the best way to discipline your child, EXCLUDING PHYSICAL PUNISHMENT? _____

With which adults does your child have frequent contact? _____

_____ Does your child use a special comforting item (blanket, stuffed animal, doll)? _____

Parent's Signature _____

Date _____