

Toddler/Twos Developmental History Form

Today's date: _____ Date of enrollment/transition: _____

Child's name: _____ Date of birth: _____

What would you like us to call your child? _____

What languages are spoken at home? _____

Parent/guardian name: _____

Parent/guardian name: _____

Name of person completing form: _____

Primary teacher: _____ Classroom: _____

Family Information

In the columns below list the names of family members residing with the child. Please include siblings, extended relatives, and pets. For each person listed provide the name the child uses to address that individual and include ages of siblings.

Name	How child addresses this individual?	Age

Please list words used in your language corresponding to the English below. Include additional words in the blank columns if needed.

I'll take good care of you	
I see that you are crying	
Let's change your diaper	
I like your smile	
Time to eat	
Everyone is napping now	
Mommy will be back	
Daddy will be back	
Time to use the bathroom	
Now we wash our hands	

If parental custody is shared, describe the custody arrangements:

All agreements and Court Orders must be on file at the center.

Please tell us about cultural family customs, rituals, or traditions that will help us make your child's experience more meaningful, including languages spoken at home:

Child's name: _____

Developmental History

Does your child: Crawl? Yes No Walk with support ? Yes No Walk without support? Yes No

Does your child: Say audible words? Yes No Speak in 2 or 3 audible sentences? Yes No

Do you have developmental concerns about your child?

How does your child communicate their needs?

Child's Health

List medications regularly taken and conditions requiring them:

Describe serious illnesses or hospitalizations:

Describe special physical conditions, disabilities, allergies, or concerns:

Does your child have a special need?

Explain special services and accommodations, which are different from those provided by the center's routine program (i.e. exercises, equipment, materials, or special services personnel):

Note: For documented medical conditions, including allergies, an appropriate Health Care Plan completed by the child's medical provider is required. A Medication Authorization form must be completed and have the appropriate signatures for any medications to be administered at the center.

Child's name: _____

Nutritional Practices and Routines

List special dietary requests, and restrictions:

Food likes and eating preferences:

Child eats with: Spoon Fork Fingers Other

Child is fed: In highchair At the table Other

Additional information:

Sleeping Routines

Pre-nap routines/rituals:

Number of naps daily: _____

From: _____ To: _____ From: _____ To: _____

What time does your child go to bed at night? _____ Wake in the morning? _____

At home child sleeps in (Check all that apply): Crib Bed Other _____

Child's typical waking behavior/routine/mood:

Special sleeping concerns:

Child's name: _____

Diapering/Toileting Routines

Is your child toilet trained? Yes No Urination Bowels Both If yes, when did you begin? _____

Does your child have accidents? Yes No If yes, how often/when? _____

Does your child wear diapers during the day? Yes No

Does your child wear diapers when napping? Yes No

If yes, what type you will provide? Disposable Cloth

Words used for urination:

Words used for bowel movement:

Are bowel movements regular? Yes No How often/when? _____

Is there a problem with: Diarrhea Constipation Explain:

What is used at home for toileting? Potty chair Special seat Regular seat Explain:

How can we support toilet learning?

Comforting Child

Position child prefers to be held: _____

Security object (if any): _____ Name child uses for object/when needed: _____

Does your child use a pacifier? Yes No If yes, when: _____

Describe how adults can comfort your child?

Child's name: _____

Social Relationships

Has your child had any experience with group care? Yes No If yes, please describe:

Is your child: Friendly Aggressive Shy Withdrawn Explain:

How does your child react to new situations and new children and adults?

Does your child prefer to play: Alone In small groups Explain:

Has your child had previous child care experience? Yes No

If yes, explain how it met, or did not meet, your expectations?

Child's favorite toys and activities:

Does your child have any fears? Yes No If yes, please explain:

Additional Pertinent Information

To help us care for your child as an individual, please explain your parenting philosophy:

Is there additional information you feel is important for the staff to know about your child or family?

What do you as a family, hope to get out of this child care experience?

Child's name: _____

PARENT/GUARDIAN SIGNATURE

DATE

STAFF SIGNATURE

DATE

