EARLY CONNECTIONS LEARNING CENTERS
DEVELOPMENTAL HISTORY

ALL INFORMATION IS CONFIDENTIAL - FOR USE BY STAFF ONLY

Child's Name _____ Nickname _____ Sex _____

Date of Birth _____ Place of Birth _____ Today's Date _____

Parent's/Guardian's Name (e) _____

Child is: Biological _____ Adopted _____ Foster _____ Guardian_____

How do you prefer to be contacted for a non-emergency (phone, e-mail, note, etc.)?

I. Family/Home Information

There is no one more important to children than the people in their family. Knowing more about the special people in your child's life and what is important at home will help us be more responsive to your child.

Members of Household	**Relationship to Child**	**Age**	**Does child have a special name for this person?**
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____

If either of the parents does not live with the child, please describe the child's relationship with that parent, such as how often the child sees that parent, if at all; other members of this parent's household; child's experience transitioning from one household to another, etc.

Are there other significant people in your child's life that you would like us to be aware of? If so, please describe their relationship to your child and what your child calls them.

Are there holidays, traditions, or special occasions your family celebrates? If so, what are they? Would you be interested in sharing them with us at the Center?

Do you have favorite music your family likes to listen to at home? If so, what is it?

How do you describe your child's ethnicity?

Does your child have any difficulty describing himself/herself in the same way? If so, what is the difficulty?

Is English the primary language spoken in the home? Yes_____ No _____
(if yes, go to section II, Emotional / Social Behavior Information)

Are there other languages spoken in your home? What are they? By whom?

If you speak a language other than English, can you write down some words which are important to your child in your language, including the following words, so that we can use them in the classroom?

Hello _____ Goodbye _____ Thank you ____ One ____ Two ____ Three _____ Four _____ Five _____

Important words:

II. Emotional/ Social Behavior Information

Please check those that describe your child:

___ Affectionate and loving
___ Avoids attention
___ Bangs head repeatedly
___ Bites Nails
___ Impulsive
___ Prefers to be alone
___ Shows dare-devil behavior
___ Well-coordinated
___ Dislikes changes in routine
___ Doesn't pay attention
___ Falls a lot
___ Clumsy
___ Creative
___ Curious
___ Shy or timid
___ Has staring spells
___ Has temper tantrums
___ Holds breath
___ Has a sense of humor
___ Has fears
___ Has sleep problems
___ Stubborn
___Other

How do you discipline your child?

Has your child been cared for by people other than you?

Yes _____ No_____ If yes, by whom? Babysitter Child Care Center Preschool Program

Home Provider Family Member Other _____

Is there a family history of any of the following? (Please check those that apply)

___Alcoholism ___Drug Usage ___Mental Illness ___Learning Problems ___Abuse ___Domestic Violence

Have there been any professionals/programs that have been helpful for this issue?

Are there any major changes that have affected your family or your child's life over the last year?

Is there anything else you would like us to know?

III. Napping Information (Infants, Toddler, and Preschool children only)

Where does your child sleep at home?

In own bed _____ In bed with siblings _____ In family bed _____ Other _____

Does your child sleep with a comfort item (special blanket, stuffed animal, pacifier)?

Yes _____ No _____ If Yes, What? _____

How does your child usually fall asleep at naptime? (Quiet music, back rubbed, etc.)

IV. Nutrition Information

What is a regular mealtime like in your home? (Any rituals or traditions associated with the meal? Who eats together? Where?)

What are some of your child's favorite foods?

Are there foods eaten in your home that are part of your cultural heritage?

Yes _____ No_____ If Yes, What? _____

Are there any foods your child cannot eat because of religious or cultural traditions?

Yes _____ No_____ If Yes, What? _____

Does your child have any food allergies?

Yes _____ No _____ If Yes, Please explain _____

Is your child on a special diet?

Yes _____ No _____ If Yes, Please explain _____

Does your child have trouble chewing or swallowing?

Yes _____ No _____ If Yes, Please explain _____

Is there anything else concerning your child's nutritional needs that you would like us to know?

Yes _____ No _____ If Yes, What _____

V. Health Information

State the age in months at which your child first did the following (Infant, Toddler, and Preschool children only):

_____Crawled _____Said first word _____Toilet Trained

_____Sat alone _____Used sentences _____Walked

Please describe how you know when your child needs to use the toilet. What words does your child say to ask to use the toilet?

Has your child had (or have) any of the following? (Please check all that apply)

___Allergies (food, medication, etc.)
___Asthma
___Anemia
___Autism
___Behavioral Disorders
___Bone/Orthopedic Problems
___Frequent Ear Infections/Tubes
___Dental Problems
___Developmental Disabilities
___Diabetes
___Down's Syndrome
___Feeding/Eating Problems
___Traumatic Brain Injury
___Cerebral Palsy
___Speech Problems
___Heart Problem/Condition
___Learning Disabilities
___Seizures
___Sickle Cell Anemia
___Fetal Alcohol Syndrome
___Difficulty at birth
___Other

Please explain any medical history items checked.

Does your child wear glasses? ___Yes ___No

VI. Developmental Information (Infant, Toddler, and Preschool children only)

What do you feel are your child's strengths?

Is there anything you feel your child struggles with?

What are your hopes for your child's development in our program?

Do you have any additional comments on your child's development?