

# Developmental History

## Waddler/Toddlers

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

\_\_\_\_\_

2. Previous experience in daycare? \_\_\_\_\_ Home daycare? \_\_\_\_\_

### Sleep Habits

1. Does he/she take naps? \_\_\_\_\_

### Social Relationships

1. Has he/she had experience playing with other children? \_\_\_\_\_

2. By nature is he/she Friendly \_\_\_\_\_ Shy? \_\_\_\_\_ Withdrawn? \_\_\_\_\_

3. How does he/she get along with siblings? \_\_\_\_\_

4. Other Adults? \_\_\_\_\_

5. Is he/she known by any children or teachers at the center? \_\_\_\_\_

6. Does he/she appear to enjoy playing alone? \_\_\_\_\_

7. How does he/she relate to strangers? \_\_\_\_\_

8. What makes him/her upset? \_\_\_\_\_

9. How does he/she show feelings? \_\_\_\_\_

10. What frightens your child? \_\_\_\_\_

11. Favorite toys and activities at home? \_\_\_\_\_

12. Does he/she like to read? \_\_\_\_\_

13. Can he/she ride a tricycle? \_\_\_\_\_

14. Does he/she prefer to play outdoors? \_\_\_\_\_

### Potty Habits

1. Is your child potty trained? \_\_\_\_\_

2. If not, what phase are they at? \_\_\_\_\_

3. How do you encourage the use of the potty? \_\_\_\_\_

### Comments

In what particular ways can we help your child this year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*Throughout the year if there is anything unusual going on in your home please call and let a member of management know. This might be a severe illness, a parent going away, anticipation of a move, death of a relative or pet, witnessing an accident, ect. Although your child seems not to have been affected we may see indications in their behavior that indicate he/she is upset. If we know what the cause may be, we are better able to be supportive. All information will be kept confidential to direct care employees only\*\*\*

\_\_\_\_\_  
Mother's Signature and date

\_\_\_\_\_  
Father's Signature and date