

# PRESCHOOL DEVELOPMENT HISTORY

Today's date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Called (Nickname): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

---

## HEALTH:

Is your child taking any medication:  Yes  No

If Yes, please explain: \_\_\_\_\_

Does your child have any allergies?  Yes  No

If Yes, please explain: \_\_\_\_\_

Does your child tire easily:  Yes  No

If Yes, please explain: \_\_\_\_\_

Does your child become easily excited?  Yes  No

Your child's request word(s) for using the bathroom: \_\_\_\_\_

---

Your child's sleep habits:

Number of nighttime hours: \_\_\_\_\_

Napping (time of day and amount of sleep): \_\_\_\_\_

Items that your child sleeps with: \_\_\_\_\_

Comforting tools to help your child to sleep: \_\_\_\_\_

**OPTIONAL** Does your child have any contagious illness that could impact other children or staff (Malaria, Hepatitis A, Hepatitis B, HIV/AIDS)? If yes, what? \_\_\_\_\_

---

Is your child right-handed, left-handed or undecided? \_\_\_\_\_

## EMOTIONAL BACKGROUND:

What type of discipline works best with your child? \_\_\_\_\_

What previous group experience has your child had and what were their reactions? \_\_\_\_\_

---

Does anyone take care of your child on a regular basis? \_\_\_\_\_

How does your child react to babysitters and new people/situations? \_\_\_\_\_

---

What things can your child do by him/herself (circle all that apply)? Feed themselves, dress themselves, washing hands, using toilet, tying shoes, other: \_\_\_\_\_

What languages are spoken in your home? \_\_\_\_\_

What behaviors are shown at home: \_\_\_\_\_

How do you handle or prevent these behaviors? \_\_\_\_\_

Does your child find it difficult or easy to share possessions with others? \_\_\_\_\_

Are you aware of any fears or anxieties that your child has?  Yes  No

If Yes, please explain: \_\_\_\_\_

Circle the words that best describe your child: confident anxious responsible loving  
fearless insecure self-reliant leader follower cooperative fearful

**SOCIAL BACKGROUND:**

Does your child have siblings?  Yes  No

Number of brothers: \_\_\_\_\_ Number of sisters: \_\_\_\_\_

Number of playmates: \_\_\_\_\_ Ages of playmates: \_\_\_\_\_

Does your child get along with other children: \_\_\_\_\_

How much time does your child spend alone each day (excluding TV watching)? \_\_\_\_\_

How much time outdoors? \_\_\_\_\_

In what situations will your child need the most help? \_\_\_\_\_

**SPECIAL INTERESTS:**

Is your child interested in books?  Yes  No

If Yes, please explain: \_\_\_\_\_

What is your child interested in? \_\_\_\_\_

About how much time does she/he spend watching television? \_\_\_\_\_

What are your child's special interests or abilities? \_\_\_\_\_

What play materials holds his/her attention the longest? \_\_\_\_\_

Name the kind of pets you have in your home: \_\_\_\_\_

Does your child have good or poor relationships with pets (i.e. fears)? \_\_\_\_\_

Other comments that can help your child have a pleasant time while at our center: \_\_\_\_\_