LITTLE SAINTS PRESCHOOL/DAYCARE STUDENT DEVELOPMENTAL HISTORY

Child's Name						
Nickname: _	(Last	•		Birth date:	(First	
How would y	ou describe y	your child's per	sonality	(typical outlook?	?)	
DAILY LIVIN	IG					
What is your	child's typica	al eating patterr	n? Brea	kfast?		
Lunch?			_ Snac	ks?		
What foods of	does your chi	ld like?				
What foods	does your chi	ld dislike?				
How well do	es your child	use table utens	sils (cup,	fork, spoon)? _		
How does yo	our child indic	ate bathroom r	needs?			
Word	(s) for <i>bowel</i> :	movement:				
How often do	oes he/she us	se the bathroon	n?			
What are you	ur child's regu	ular sleeping pa	atterns?			
Awakes at _		Naps at		Goes to bed	at	
What help do	oes your child	I need to get dr	ressed?	Putting on cloth	ies?	Jacket?
Shoes?	Socks?	Buttons?	Zippers	s? Snaps? _	Buck	des?

SOCIAL RELATIONSHIPS/PLAY

What ages are your child's most frequent playmates?
Is your child (circle all that apply) friendly? aggressive? shy? withdrawn?
Does your child need extra time /preparation to change from one activity to another?
Does your child play well alone? In groups?
What is your child's favorite toy?
What is your child's favorite activity?
Is your child frightened by (circle all that apply) animals? rough children? loud noises? new experiences? the dark? storms? anything else?
Who does the most disciplining? What works best when you discipline your child?
With which adults does your child have frequent contact?
How do you comfort your child?
Does your child use a special comforting item (such as a blanket, stuffed animal, doll)?
What is the child's role in family (e.g. brothers, sisters?) What responsibilities does he have?
PARENT GOALS
Did you choose our program based on philosophy of education?
What are your goals for your child?
Parent signature Date