The Brookwood School

Developmental History

Child's Name _____ Date _____

Birth date _____

The information you provide on this form is very important in helping our staff understand your child and his/her needs. Please fill in all the blanks that apply, using thought and care. This information is confidential and will not be given to anyone outside the school.

PHYSICAL DEVELOPMENT

Type of birth: ___ vaginal ___ c-section

Full term? _____ Premature? _____ Birthmarks? _____

Any complications/comments?_____

To the best of your knowledge, how old was your child when he/she accomplished the tasks below?

Infants:

_____Roll over
_____Push self to sitting
_____Sit with head steady
_____Sit without support
_____Crawl
_____Sleep through the night
_____Pull to standing
_____Stood holding on
_____Stood alone
_____Got down from standing position

Infants/Toddlers:

_____Take steps
_____Walk
_____Climb up steps
_____Climb down steps
_____ Walk up steps
_____ Walk down steps
_____ Name simple objects
_____ Repeat sentences
_____ Began toilet training
_____ Toilet trained

HEALTH OF CHILD

What communicable diseases has your child had? _____

Has your child ever been seriously ill or hospitalized? _____ When? _____
Explain _____

Any physical disabilities or limitations? _____

Any known allergies? (Asthma, hay fever, insect bites/stings, medicines, foods, etc.)_____
_____

Are there any medications given regularly? ____ If yes, which need to be administered at school? _____

DEVELOPMENTAL HISTORY PAGE TWO

Does your child have any chronic condition?___ stomach aches/cramps ___ diarrhea
___ spitting up ___ upper respiratory infections ___other_____

How does your child react to a fever? _____

NUTRITION

Is your child:
_____breast-fed? _____ bottle-fed?

(Please omit the following if your child is over 2 years old)
What food(s) is your child eating right now?
Fruits _____ Cereals _____
Meats_____ Vegetables _____
Juices _____ Formula _____

Has your child had any eating problems? _____ If yes, please describe briefly. _____
_____

What his/her favorite foods? _____

What foods does he/she dislike? _____

Have you noticed any sensitivity to particular foods?_____ If yes, what foods?_____
_____ What happens? _____
_____

SLEEPING

Does your child have any sleeping problems? _____ If yes, explain _____
_____

Do you have any special ways to help him/her go to sleep? _____
_____

Does he/she usually cry when going to sleep? _____ If yes, how long? _____

Does he/she cry when waking up? _____

How long does your child sleep? _____overnight

When does your child nap? _____ how long? _____

DEVELOPMENTAL HISTORY PAGE THREE

BEHAVIOR

How does your child act when you leave him/her and what do you find is best to say or do at these times of separation? _____

_____

Has your child attended any other childcare, nursery school, playgroups or babysitter?
If so, which and how long? _____

Did your child enjoy the experience? _____

How does your child respond to other children? _____

_____

How does your child express that he/she is unhappy, frightened, upset, or needs comforting?

_____

What is the best way to handle this? _____

How would you describe your child's personality? _____

What kinds of activities does your child enjoy? _____

Please describe your child's home situation, i.e. does he/she have any brothers and sisters, are you a single parent; anything that might be pertinent to your child's behavior in childcare.

_____

_____

_____

TOILET TRAINING

Is your child toilet trained? _____

*(Please omit ** questions if your child has been toilet trained)*

**Have you begun toilet training? _____ If yes, check the following:

**My child wears:	*Diapers*	*Training Pants*
	_____When awake	_____When awake
	_____At nap time	_____At nap time

**Does he/she use the toilet or a potty chair? _____

What words does your child use to signal a need to use the bathroom? _____
Does he/she go at specific times? _____

_____

If there is any other information about your child you would like us to know, please make additional comments on back. Thanks very much for the time you took to answer this form!