Preschool Health/Developmental History

Child's Full Name	Nickname
Date of Birth	Gender: ❒ □Male ❒ □Female

Health History

Does your child seem well most of the time? ❒ □Yes ❒ □No
Is your child taking any medications now? ❒ □Yes ❒ □No If yes, please list and explain for what purpose:
Does your child tire easily? ❒ □Yes ❒ □No
How many hours of sleep does your child typically get each night? Are there any sleep issues you feel we should know about:
Does your child become easily excited? ❒ □Yes ❒ □No
Is your child toilet trained? ❒ □Yes ❒ □No If yes, what word or words are used for toileting?
Is your child currently being seen by a medical specialist? ❒ □Yes ❒ □No If yes, for what reason?
Does your child have any health-related or other needs that you would like us to be aware of? ❒ □Yes ❒ □No If yes, please list:
Does your child have any contagious illnesses that could impact other children or staff? ❒ Yes ❒ □No If yes, please provide details:
Has your child ever been hospitalized? ❒ □Yes ❒ □No If yes, please provide details:
Has your child had any serious accidents or poisonings? ❒ □Yes ❒ □No If yes, please provide details:
Is your child allergic to anything? ❒ □Yes ❒ □No If yes, please list, and note the symptoms your child usually exhibits when having an allergic reaction:

Emotional Background

What type of discipline works best with your child?
What previous group experiences has your child had and how did he react to them?
How does your child typically react to new people or unfamiliar situations?
What language(s) is/are spoken in your home?
What kind of things can your child do by him/herself? (for example, eating, dressing, washing hands, toileting, typing shoes, etc.).
Does your child have any behavior issues you are concerned about? If yes, please describe them and explain how you deal with them at home:
Does your child have any pronounced fears or anxieties? If yes, please describe them and explain how you deal with them at home:
Please check the words that best describe your child: ❒ confident ❒ loving ❒ quiet ❒ secure ❒ shy ❒ excitable ❒ responsible ❒ anxious ❒ energetic ❒ self-reliant ❒ follower ❒ other (please list): ❒ cooperative ❒ loud

Social Background

Please list names and ages of your child's siblings or other children living in the household:
How does your child typically get along with other children?

How much time does your child spend alone each day (excluding TV viewing)?
Is your child more comfortable around adults or other children?
In what situation does your child typically need the most help or feel least confident?

Special Interests

Is your child interested in books? ❒ Yes ❒ No If yes, please list any particular author or subject of particular interest:
About how much time does your child spend in front of the TV or computer each day? TV: Computer:
Do you have any pets in your home? If yes, please describe:
Please list your child's special interests and abilities:
What play materials hold your child's interest the longest?
Have there been any major life-changing events that could affect your child (divorce, death of a loved one, moving, etc…)?