

Developmental History For Infants and Toddlers



Please complete, sign and date this form and mail it to your center director:

Child's name _____ Birth date _____

Sleeping/Napping

1. What is your child's current daily sleep schedule?

Morning wake-up time _____

Evening bedtime _____

Daily naps (start and end times) _____

2. Does your child sleep through the night? " Yes " No

If not, when does your child usually wake up at night? _____

3. How do you soothe/comfort your child? _____

4. How does your child react to strangers? _____

5. What upsets or frightens your child? _____

Feeding

6. Is your child using a trainer cup, a bottle or both? _____

Are you breast feeding your child? " Yes " No If yes, at what times? _____

7. At what times of day does your child receive a bottle? _____

How many ounces? _____

8. Is your child taking formula, whole milk or something else? Please specify _____

9. Please provide any other special instructions concerning bottle feeding your child.

10. Is your child now on baby food or table food? _____
11. List foods your child is now eating. _____

Playing

12. Where does your child spend his/her waking hours? (Crib, floor, swing, etc.) _____
13. What toys and activities make him/her happy? _____
14. Who does your child spend most of his/her time playing with? _____

Toileting

15. When does your child usually have bowel movements? _____
16. Has your child begun toilet learning? Yes No If yes, please describe _____

17. What does your child call his/her:
 Bowel movement _____ Urination _____

Family Life

18. What language is spoken at home? _____
19. Are there cultural/family traditions you would like to share with us? _____

20. Are there any major changes recently in your child's life? (Moving, divorce/remarriage, parent traveling, new baby, death in the family, etc.) Please specify _____

21. Are there any siblings? How old are they? _____

22. Use this space if you wish to share any other information about your child.

Parent's Signature _____ Date _____