

Barrow Early Learning Center
CHILD DEVELOPMENT HISTORY

CHILD'S NAME _____ BIRTHDATE _____

PHYSICAL, BEHAVIORAL, AND SOCIAL DEVELOPMENT:

These questions will help us to understand your child better and to know what usual behavior is for him/her and what might not be so usual that we should be concerned about.

Can you tell me one or two things your child is interested in or does especially well? _____

Does your child take a nap? ___No___ Yes. If "Yes" describe when and how long. _____

Does your child sleep less than eight hours a day or have trouble sleeping (such as being fretful, having nightmares, or wanting to stay up late)? ___No, ___Yes. If "Yes" describe your child's sleeping arrangements (own room, own bed) _____

Is your child toilet trained? ___No ___Yes

Does your child need help going to the toilet during the day or night, or wet his/hers pants? ___No ___Yes
If "Yes" please describe when and how often this occurs. _____

Does your child have a preferred security item? ___No ___Yes If "Yes" please explain: _____

Does your child worry a lot or is he/she very afraid of anything? ___No, ___Yes
If "Yes" what kinds of things cause him or her to worry or be afraid? _____

Does your child have any difficulties saying what he or she wants to do or do you have any trouble understanding your child? ___No, ___Yes. If "Yes" please explain. _____

Children often get cranky when they are tired, hungry, sick or so forth. Does your child often get cranky or cry at other times when you can't figure out why? ___No ___Yes. If "Yes", please describe _____

When this happens, what do you do to help the child feel better? _____

Have there been any big changes in your child's life in the past 6 months? ___No, ___Yes. If "Yes please describe. _____

Are you or your family having any problems now that might affect your child? ___No, ___Yes. If "Yes" please describe. _____

Is there anyone in the child's family/life who is not to visit or pick the child up from the center? ___No, ___Yes.
If "Yes" who? (names and relation to child) _____

(PLEASE NOTE – IN ORDER TO REFUSE ACCESS TO A CHILD, THE CENTER MUST HAVE COPIES OF RESTRAINING ORDERS, CUSTODY DECREES AND/OR OTHER LEGAL DOCUMENTATION ON FILE)

What are your goals for your child/what would you like to see them accomplish while at the Center? _____

Is there anything else you would like us to know about your child? ___No, ___Yes. If "Yes, please describe. _____

PARENT SIGNATURE: _____

DATE: _____