



# Child Development History

This form is for your child's teacher. School is sometimes a big adjustment for children. With a bit of background information, the teacher can often understand the reasons behind certain behaviors. Please be candid. The initial school experience should be happy and rewarding, with as little anxiety as possible.

Child's Full Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Nickname: \_\_\_\_\_

Adopted: Yes No If Yes, at what age? \_\_\_\_\_ Country: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Do either of the parents have a particular interest/skill they'd like to share with our students? \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Pets: (types & names): \_\_\_\_\_

Any dietary restrictions? \_\_\_\_\_

What are your expectations for your child this year? \_\_\_\_\_

Previous school or group experiences: \_\_\_\_\_

### Toilet Training

Vocabulary used for urination: \_\_\_\_\_ Bowel movement: \_\_\_\_\_

Does your child toilet independently? \_\_\_\_\_

Any problems? \_\_\_\_\_

### Sleep Habits

Wake-up time? \_\_\_\_\_ Bedtime? \_\_\_\_\_ Nap time (if any): \_\_\_\_\_

Other info. regarding sleep behaviors? \_\_\_\_\_

### Speech

Is speech clear to you? \_\_\_\_\_ To others? \_\_\_\_\_

Does child speak in complete sentences? \_\_\_\_\_

Are there speech characteristics of which to be aware? \_\_\_\_\_

Has your child been evaluated for language delay? \_\_\_\_\_

Is your child receiving services? \_\_\_\_\_

**Health**

Do you have any health concerns about your child? \_\_\_\_\_  
\_\_\_\_\_

Are there any developmental delays? \_\_\_\_\_

Has your child been recommended to or evaluated by Child Find? If yes, for what reasons? \_\_\_\_\_  
\_\_\_\_\_

Any diagnostic testing? \_\_\_\_\_

Date: \_\_\_\_\_ Type: \_\_\_\_\_

Any other concerns? \_\_\_\_\_

Premature birth?    Yes    No    Comments: \_\_\_\_\_

**Emotional Development**

What do you feel has been the most difficult emotional adjustment your child has made to date? \_\_\_\_\_  
\_\_\_\_\_

What circumstances are upsetting? \_\_\_\_\_  
\_\_\_\_\_

What is the behavior when upset? \_\_\_\_\_  
\_\_\_\_\_

What is the behavior when afraid? \_\_\_\_\_  
\_\_\_\_\_

What special interest(s) does your child talk about? \_\_\_\_\_  
\_\_\_\_\_

How do you set limits? \_\_\_\_\_

How would you describe your child at this time? \_\_\_\_\_  
\_\_\_\_\_

Any unique habits? \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_