

CHILD HISTORY

Please answer as specifically as possible, particularly in areas where special insight may be helpful in our getting to know your child.

Child's full name

Name child is called by

Age: years months Date of Birth / / Sex: male female

Names & Ages of siblings

Do both parents live at home? yes no Other adults?

Others caring for the child?

Health & Development

What children's diseases, serious illnesses, high fevers or serious accidents has your child had?

Must child's physical activities be restricted for health reasons?

Does he or she have any chronic medical problems?

Allergies (including foods)

When did he/she walk?

When did he/she talk?

At what age was child toilet trained?

Does he/she nap regularly?

If no, when did he/she give it up?

Please specify any particular fears or habits, including strong eating preferences:

Play & Experiences with Others

Special Interests

Favorite Toys

What does he/she like to do best?

Activities with parents that child likes

What TV programs does he/she watch?

Other group experiences

General notes: comments you may wish to make about your child may be written in this space (continue on the back of this form if more space is needed).