



2026-28 W. Belmont Ave  
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**FAMILY HISTORY**

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Does your child have dietary restrictions/allergies? \_\_\_\_\_

\_\_\_\_\_

Other members of the household (include relationship and age): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have their own room? \_\_\_\_ If not, with whom do they share? \_\_\_\_\_

Who has cared for your child other than his/her parents or guardians?

\_\_\_\_\_

Has your child had group play experience? \_\_\_\_ If yes, where? \_\_\_\_\_

Does your child have neighborhood playmates? \_\_\_\_\_

## **CHILD DEVELOPMENT HISTORY**

**Age of child when accomplished the following:**

Crawl on hands and knees: \_\_\_\_\_ Sat up alone: \_\_\_\_\_

Walked alone: \_\_\_\_\_ Name simple objects: \_\_\_\_\_

Repeated short sentences: \_\_\_\_\_ Slept through the night: \_\_\_\_\_

Began toilet training: \_\_\_\_\_

Does your child dress themselves? \_\_\_\_\_ Undress themselves? \_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_ What is your child's bedtime? \_\_\_\_\_

Does your child have any speech difficulties? \_\_\_\_\_

Does your child have any other difficulties? \_\_\_\_\_

What method of discipline is used at home? \_\_\_\_\_

How does your child react? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

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