



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? _____
