

# PRESCHOOL DEVELOPMENT HISTORY

Today's date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Called (Nickname): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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## HEALTH:

Is your child taking any medication:  Yes  No

If Yes, please explain: \_\_\_\_\_

Does your child have any allergies?  Yes  No

If Yes, please explain: \_\_\_\_\_

Does your child tire easily:  Yes  No

If Yes, please explain: \_\_\_\_\_

Does your child become easily excited?  Yes  No

Your child's request word(s) for using the bathroom: \_\_\_\_\_

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Your child's sleep habits:

Number of nighttime hours: \_\_\_\_\_

Napping (time of day and amount of sleep): \_\_\_\_\_

Items that your child sleeps with: \_\_\_\_\_

Comforting tools to help your child to sleep: \_\_\_\_\_

**OPTIONAL** Does your child have any contagious illness that could impact other children or staff (Malaria, Hepatitis A, Hepatitis B, HIV/AIDS)? If yes, what? \_\_\_\_\_

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Is your child right-handed, left-handed or undecided? \_\_\_\_\_

## EMOTIONAL BACKGROUND:

What type of discipline works best with your child? \_\_\_\_\_

What previous group experience has your child had and what were their reactions? \_\_\_\_\_

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Does anyone take care of your child on a regular basis? \_\_\_\_\_

How does your child react to babysitters and new people/situations? \_\_\_\_\_

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What things can your child do by him/herself (circle all that apply)? Feed themselves, dress themselves, washing hands, using toilet, tying shoes, other: \_\_\_\_\_

