



# YMCA ECLC Preschool Developmental History

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_

## Health:

Does your child have an Individualized Education Plan (IEP)?

No  Yes (Please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child currently taking any medications?

No  Yes (Please explain) \_\_\_\_\_

Does your child have any allergies?

No  Yes (Please explain) \_\_\_\_\_  
\_\_\_\_\_

Does your child tire easily?

No  Yes (Please explain) \_\_\_\_\_  
\_\_\_\_\_

Does your child become easily excited?

No  Yes (Please explain) \_\_\_\_\_  
\_\_\_\_\_

How does your child request to use the bathroom? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your child's sleep habits:

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

Napping hours (time of day about # of hours): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Optional: Does your child have any contagious illnesses that could impact other children or staff (Malaria, Hepatitis A, Hepatitis B, HIV/AIDS)? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emotional Background:

What previous group experience has your child had and what was his/her reaction? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

What things can your child do by him/herself (circle all that apply)?

**Self feed / Self dress / wash hands / use toilet / tie shoes / other :** \_\_\_\_\_

\_\_\_\_\_

What behaviors are shown at home? \_\_\_\_\_

\_\_\_\_\_

How do you prevent or handle these behaviors? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Does your child find it difficult or easy to share possessions with others? \_\_\_\_\_

Are you aware of fears or anxieties that your child has?

No  Yes (Please explain): \_\_\_\_\_

\_\_\_\_\_

Circle the words that best describe your child: Confident / Anxious / Responsible / Loving / Fearless / Insecure / Self-reliant / Leader / Follower / Cooperative / Fearful / other: \_\_\_\_\_

## Social Background:

What is your child's primary language? \_\_\_\_\_

\_\_\_\_\_

Other languages spoken: \_\_\_\_\_

\_\_\_\_\_

Does your child have siblings?

No  Yes # of brothers \_\_\_\_\_ # of sisters \_\_\_\_\_

Does your child have playmates?

No  Yes # of playmates \_\_\_\_\_ ages of playmates: \_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_  
\_\_\_\_\_

How much time does your child spend alone each day? \_\_\_\_\_  
\_\_\_\_\_

How much time does your child spend outdoors each day? \_\_\_\_\_  
\_\_\_\_\_

In what situations will your child need the most help? \_\_\_\_\_  
\_\_\_\_\_

**Special Interests:**

Is your child interested in books?

No  Yes (Please explain): \_\_\_\_\_  
\_\_\_\_\_

How does your child react to pets/animals? \_\_\_\_\_  
\_\_\_\_\_

Are there any cultural specific holidays or celebrations you would like to share?  
\_\_\_\_\_

Are there any holidays or celebrations you do not participate in?  
\_\_\_\_\_

Are there any routines, spiritual/religious practices that we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

Are there any other cultural aspects that you want incorporated into your child's learning day? \_\_\_\_\_  
\_\_\_\_\_

Other comments that will help your child have a positive experience at our center: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Staff signature \_\_\_\_\_ Date: \_\_\_\_\_