



Arlington Heights Nursery School

Established 1965

Infant/Toddler Developmental History

Child's Name _____ **Date of Birth** _____

What would you like us to call your child at school? _____

Family Information

Please describe who lives in child's home: (one parent, both parents, other members of household):

Is child adopted? _____ At what age _____

What does child call family members? _____

Language(s) spoken at home: _____

Are books read in languages other than English? _____

Are there words in home language that we should know? _____

Please tell us about any cultural family customs, rituals or traditions that will help us make your child's experience more meaningful:

Developmental History

Type of Birth: _____ Complications: _____

Age child began sitting: _____ crawling: _____ walking: _____ talking: _____

Does child: _____ pull up _____ crawl _____ walk with support _____ walk independently

Does child have a fussy time of day: _____

How do you handle these fussy times? _____

Do you have any concerns about your child's development? _____

Health/Development

Serious illnesses or hospitalizations? _____

Any history of colic? _____

Special physical conditions, disabilities, or allergies? Explain: _____

Has your child been evaluated for a developmental issue? _____

If yes, please describe the concerns and findings of the evaluation: _____

Is your child presently, or has your child ever been, diagnosed with a special need? _____

If so, is he or she receiving any special services? _____

Regular medications? _____

Eating Habits

Special characteristics or difficulties? _____

Special diet: _____

Does your child drink breast milk, whole milk, formula, or a combination: _____

If formula, what kind? _____

Any food allergies? _____

Favorite foods: _____ Foods refused: _____

Child eats: _____ on lap _____ in high chair _____ other: _____

Child eats with: _____ spoon _____ fork _____ hands _____ other: _____

Toilet/Diapering Habits

Is there frequent diaper rash? _____

What do you use to treat diaper rash: _____

Does child wear: _____ disposable diapers _____ cloth diapers

Are bowel movements: _____ regular _____ irregular How often: _____

Is there a problem with: _____ diarrhea _____ constipation

Is your child toilet trained: _____ urination _____ bowels

Health/Development (continued)

What is used at home: _____ potty-chair _____ special seat _____ regular seat

Word used for urination: _____ Bowel movement: _____

Does child have accidents? _____

Sleeping Habits

Does child sleep in: _____ crib _____ bed by him/herself or shares bed with _____.

Does child take naps? _____ Times: AM: _____ PM: _____

What does child take to bed? _____ What is typical mood on awakening: _____

What time does child go to bed at night? _____ Awake in morning: _____

Are there any sleep time rituals? _____

Social Relationships

Has child had any experience playing with children? _____

How would you describe your child in social settings: _____

Reaction to strangers? _____

Has your family had any previous experience with nursery school or childcare?

If so, did it meet your needs and expectations? Explain: _____

Does your child prefer to play: _____ alone _____ in small groups

Favorite toys and activities? _____

Does child have any fears? _____ Explain: _____

What comforts your child when he or she is upset? _____

What is your method for setting limits with your child? _____

Daily Schedule

Please describe your child's current daily activities (e.g., awakening, eating, playing, napping, toilet habits, fussy time, bedtime):

Morning: _____

Afternoon: _____

Evening: _____

You and Your Child

Have there been any major changes in the family lately? (New baby, separation or divorce, household move, death)

What activities have you enjoyed together recently? _____

What has your child done that has displeased or worried you? _____

What has your child done that has pleased you? _____

What would you like your child to gain from his or her AHNS experience? _____

Please share your general parenting philosophy, especially any aspects of your parenting that would help us to better care for your child:

You and Your Child (continued)

Do you have any concerns about your child as he or she enters AHNS? _____

Is there anything else you would like us to know about your child? _____

What do you, as a family, hope to get out of your AHNS experience?

Parent/Guardian Signature: _____

Print Name: _____

Date: _____