

CHILD DEVELOPMENTAL HISTORY

Child's Name: _____ Date of Birth _____

HEALTH

1. Any speech difficulties?

2. What language did your child first understand or speak? _____
3. What language does your child use most often when speaking? _____
4. Is this your child's first school experience? _____
5. If not, describe previous experience(s) _____
6. Special words to describe needs? _____
7. Any known complications at birth? _____
8. Special physical conditions, disabilities: _____
9. Allergies i.e. asthma, hay fever, insect bites, medicine food reactions? _____

TOILET HABITS

10. Is your child fully toilet trained? _____
11. How does your child indicate bathroom needs? (include special words) _____

12. Is your child ever reluctant to use the bathroom or have accidents? _____

EATING HABITS

13. Favorite foods: _____

14. Foods refused: _____

SOCIAL RELATIONSHIPS

15. How would you describe your child: _____

16. My child's areas of strength are: _____

17. Times when my child gets upset: _____

18. Previous experience with children _____

19. Please describe this play (i.e. activities parallel or cooperative): _____

20. Reaction to Strangers: _____

21. Favorite toys/activities: _____

22. How do you comfort your child:

23. What is the method of behavior management/discipline at home?

24. Please describe your child's daily schedule:

25. Is there anything else we should know about your child?

26. What would you like your child to gain from their "Little Halos" experience?

Parent/Guardian Signature: _____ Date: _____