

Preschool Development History

Today's Date: _____

Child's Name: _____ Nickname: _____

Birthdate: _____ Gender: _____

Parent/Guardian's Names: _____

Health:

Is your child taking any medications: 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

 If yes, please explain: _____

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

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 sleep: _____

I authorize staff to apply sunscreen to my child Yes No

I authorize my child to self-apply sunscreen Yes No

I authorize staff to apply insect repellent to my child Yes No

I authorize my child to self-apply insect repellent Yes No

Emotional Background:

What type of discipline or corrective behavior tools works best with your child? _____

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

Does anyone care for your child on a regular basis ex. Nanny, grandparent, etc.? _____

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

What things can your child do by themselves (circle all that apply)? Feed themselves, dress themselves, washing hands, using toilet, typing shoes, other: _____

What languages are spoken in your home? _____

What behaviors are shown at home: _____

How do you handle or prevent these behaviors? _____

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

Are you aware of any fears or anxieties that your child has? Yes No

If yes, please explain: _____

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

Social Background:

Does your child have siblings? Yes No

Number of brothers: _____ Number of sisters: _____

Number of playmates: _____ Ages of playmates: _____

Does your child get along with other children? _____

How much time does your child spend outdoors? _____

In what situations will your child need the most help? _____

Special Interests:

Is your child interested in books? Yes No

 If yes, please explain: _____

What is your child interested in? _____

What outdoor activities does your child enjoy? _____

What are your child's special interests or abilities? _____

What play materials hold your child's attention the longest? _____

Do you have pets in your home? _____

Does your child have a good or poor relationship with pets (fears)? _____

Are there any culturally 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 would like incorporated into your child's learning day?

Other comments that can help your child have a positive experience while at Nature Preschool:
