

Date: _____

Child's Name: _____

Child's Age: _____

Parent 1 Name: _____

Birthdate: _____

Mother Father

Parent 2 Name: _____

Mother Father

Student History:

Length of pregnancy (number of months) and any complications: _____

Birth weight: _____

Birth length: _____

Type of delivery: _____

Newborn care: _____

Method of feeding (breast, bottle, until what age): _____

Type and age when solid foods were introduced: _____

Ages that your child: (please explain any pertinent details)

Rolled over: _____

Sat up: _____

Crawled: _____

Walked: _____

Talked: _____

Please explain any:

Accidents:

Illness:

Injury:

(over please)

Allergies:

Medication:

Speech problems:

Hearing problems:

Explain your child's sleeping patterns:

Explain your child's dressing skills:

Is your child beginning toilet learning? Describe your approach and your child's reaction to toilet learning:

What is your approach to discipline at this time?

Tell us about your child. How do you see his/her strengths and weaknesses? Describe his/her personality (Preferences, strengths, challenges, etc.):

Tell us about your child's:

Motor skills:

Language development:

Reaction to stress:

Feel free to attach any additional comments.

Parent / Guardian Name

Date