



early childhood education childhood history

Child's name _____

M F Date of birth (M/D/Y) _____

Social Activities

How does the child play with siblings and other children? _____

What are the child's favorite toys and activities? _____

Nutrition

At what time does the child eat breakfast? _____ Lunch _____ Dinner _____ Snack _____

Does the child feed himself/herself? Yes No

Attitude toward eating? _____

Favorite foods _____ Foods disliked _____

Food allergies _____

Sleep Habits

At night, sleeps from _____ to _____ for a total of _____ hours a night

During the day, naps from _____ to _____ for a total of _____ hours

Attitude toward going to bed or taking a nap? _____

Toilet Habits

Has toilet training been initiated (toddlers)? Yes No If yes, how long? _____

Does child take himself/herself? Yes No Does child say when he needs to go? Yes No

Speech and Physical Growth

Does the child talk often? Yes No Understandably? Yes No

At what age did the child creep? _____ Crawl? _____ Walk? _____

Describe the child's temperament (check all that apply):

Active Fearful Feisty Friendly Quiet Other _____

Is there anything else we should know about the child? _____

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