



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 _____

Family Dynamics

Parents are (check all that apply): ☐ Married ☐ Living Together ☐ Separated ☐ Divorced ☐ Widowed

If parents are separated/divorced, please give the following information:

Name of legal guardian(s) _____

Please describe the visitation agreement and family dynamic: _____

