

Rockland Montessori Academy For Young Learners

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME _____ DATE OF BIRTH _____

DEVELOPMENTAL HISTORY

Any speech difficulties? _____

Special words to describe needs: _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bite/medicine/food reactions: _____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

Favorite foods: _____ Child eats with hands ___ spoon ___ fork ___.

Foods refused: _____

TOILET HABITS

How does child indicate bathroom needs (include specific words)? _____

Is child ever reluctant to use the bathroom? _____

Does child have accidents? _____

SLEEPING HABITS

Does child become tired or nap during the day (include when and how long)? _____

When does child go to bed at night? _____ and get up in the morning? _____

SOCIAL RELATIONSHIPS

How would you describe your child: _____

Previous experience with other children/day care: _____

Reaction to strangers: _____ Able to play alone: _____

Favorite toys and activities: _____

Fears (the dark, animals, etc): _____

How do you comfort child? _____

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

What would you like your child to gain from this child care experience?

Is there anything else you would like us to know about your child?

Parent/Guardian Signature _____ Date _____