

CHILD'S HISTORY

CHILD'S NAME: _____

In order to help us understand your child better, please answer the following questions. This information will aid us in responding to your child's needs and in providing a positive educational environment for him/her.

Please provide approximate ages for the following events in your child's development.

_____ Sat up _____ Stood Alone _____ Walked
_____ First words _____ Toilet trained _____ Sentences

Please check characteristics that describe your child as an infant.

- Happy Even-tempered Active
- Placid Temperamental

All children exhibit the following behaviors to some degree. Please check those behavior patterns that you feel are characteristic of your child.

- Cries easily Falls easily Easily frustrated
- Bites nails Jealous Has difficulty paying attention
- Overly sensitive Sucks thumb Has difficulty remaining seated
- Talks excessively Does not eat well Distracted easily
- Day dreams Boundless energy Shy
- Has difficulty waiting his/her turn

Can your child use the toilet independently? _____

What term does your child use at home for toileting? _____

Does your child have any food allergies? _____

Does your child have any dietary restrictions (i.e. Vegetarian)? _____

Does your child have any other medical conditions? _____