

Developmental and Family History

Child _____ Birthdate _____

Nickname (or what child is regularly called if other than birth name) _____

Others in the home:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Developmental History:

Normal Delivery ___ Premature ___ Other Birth Issues _____

Child is: right-handed ___ left-handed ___ uses them equally ___

Appetite is: poor ___ fair ___ good ___ favorite foods: _____

Eating concerns/issues _____

Toileting concerns/issues _____

Previous experiences with other caregivers _____

Personality description (shy, aggressive, etc.) _____

How do you respond when your child's behavior is unacceptable? _____

How does your child get along with siblings and/or other children? _____

Does your child have any fears or emotional issues we should know about? _____

How do you respond? _____

Learning Connections of Galesburg

What other information about your child is significant? _____

Please list any parenting topics you would like more information about _____

Please list your current goals for your child _____

Does your family need more than one copy of school newsletters, notes, conference notices? Yes ___ No ___

If yes, we should include copies for: _____

Classrooms often plan activities and/or events that reflect the cultures and traditions of the families we serve. Please complete the following to assist us as we develop new goals and plans:

The family's cultural/ethnic heritage is _____.

Ways the family celebrates special events: _____

Other customs and/or family traditions: _____

Activities or special items the family is willing to share with the class (favorite foods, collections, hobbies, family keepsakes, work overview, crafts): _____

Any other information you'd like us to know about your child or your family: _____

Primary Contact Signature _____ Date _____

Classroom Primary Caregiver Reviewed _____ Date _____