



An environment of discovery  
for young children

## Preschool Developmental History

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Health

- Is your child taking any medications? \_\_\_\_\_ Please Explain \_\_\_\_\_

\_\_\_\_\_

- Does your child have any allergies? \_\_\_\_\_ Please Explain \_\_\_\_\_

\_\_\_\_\_

- Does your child have asthma? \_\_\_\_\_ Are there specific known triggers? \_\_\_\_\_

\_\_\_\_\_

Please Explain in Detail \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Please list any pertinent medical history we should be aware of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Does your child have an active IEP (Individual Education Plan)? \_\_\_\_\_

- Is his/her toilet training reliable? \_\_\_\_\_

- Does your child tire easily or take naps? \_\_\_\_\_

\_\_\_\_\_

- Do you have any concerns about your child's health, speech, or other issues? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social/Emotional Background**

- Describe your child (shy, creative, oldest/youngest) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How does your child react to new people and situations? \_\_\_\_\_  
\_\_\_\_\_
- What previous group experience has your child had and what were his/her reactions? Please Explain \_\_\_\_\_  
\_\_\_\_\_
- Does your child have any fears or anxieties? \_\_\_\_\_  
\_\_\_\_\_
- Are there any cultural practices or holidays you would like us to know about? \_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to share this information with us. Every child is unique and special to us! This information will help us to know the best way to help your child learn and grow! Please share any other information that you think would help us to know and understand your child. \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_