

# PERSONAL CHILDHOOD HISTORY

Child's Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Parents/Guardians: \_\_\_\_\_  
Other members of the household:  
Names: \_\_\_\_\_  
Ages: \_\_\_\_\_  
Relationships: \_\_\_\_\_

## PERSONAL HISTORY:

Parent(s) that live(s) outside of the household: \_\_\_\_\_  
Do you have pets? \_\_\_\_\_ Name(s) \_\_\_\_\_ Type(s) \_\_\_\_\_  
Has the child had any other group child care experience? \_\_\_\_\_  
What types of activities do you do together with your child? \_\_\_\_\_  
What type of things does your child do well? \_\_\_\_\_  
What are your child's special interests? \_\_\_\_\_  
What are your child's dislikes? \_\_\_\_\_  
Is your child enrolled in any classes? \_\_\_\_\_ Type of class: \_\_\_\_\_  
Are other languages spoken around the child? \_\_\_\_\_ Which? \_\_\_\_\_

Age he/she began: Sitting \_\_\_\_\_ Crawling \_\_\_\_\_ Walking \_\_\_\_\_ Talking \_\_\_\_\_  
Is he/she a good climber? \_\_\_\_\_ Does he/she fall easily? \_\_\_\_\_  
Does he/she speak in words? \_\_\_\_\_ Sentences? \_\_\_\_\_ Does he/she have difficulty speaking? \_\_\_\_\_  
Special words to describe his/her need(s) \_\_\_\_\_

## EATING HABITS:

At what time does your child normally eat meals? \_\_\_\_\_  
What are his/her favorite foods? \_\_\_\_\_  
What foods are refused? \_\_\_\_\_  
Does your child have food allergies? \_\_\_\_\_  
Does your child have any problems eating? \_\_\_\_\_  
Does your child use eating utensils? \_\_\_\_\_

## TOILET HABITS:

Toilet training started? \_\_\_\_\_ Accomplished? \_\_\_\_\_ Was the process easy or difficult? \_\_\_\_\_  
Can the child be relied upon to indicate his/her bathroom needs? \_\_\_\_\_  
What word is used for urination? \_\_\_\_\_ Bowel movements? \_\_\_\_\_  
Does your child need assistance in the bathroom? \_\_\_\_\_ Is he/she afraid of the bathroom? \_\_\_\_\_  
Does your child need to go to the bathroom more frequently than normal for his/her age? \_\_\_\_\_  
Does the child wet the bed when sleeping? \_\_\_\_\_ If so, how often? \_\_\_\_\_