Sunrise
Child Development Center

Toddler Personal Care Plan – Development History Form

Child's Name: _____ DOB: _____

Family Information

With whom does the child reside? _____

What does the child call family members? _____

Language spoke at home: _____

Are books read in languages other than English: _____

Are there words in your home language that we should know? _____

_____

Please tell us about any cultural family customs, rituals or traditions that will help us make your child's experience more meaningful: _____

_____

_____

_____

Health Development

Serious illness or hospitalizations? (describe) _____

_____

Any history of colic? _____

Special physical conditions, disabilities, or allergies? _____

_____

Eating Habits

Special diet? _____ Food allergies? _____

Favorite foods? _____

_____

Foods refused? _____

Child eats with? ___spoon ___fork ___hands ___other

Toileting/Diaper Habits

Is there a frequent diaper rash? ___yes ___no

Are bowel movement? ___regular How often? _____

Is your child toilet trained? ___yes ___no

Word used for urination _____Bowel movement: _____

Sleeping Habits

Does your child sleep in: ___crib ___bed ___with parents

Does your child sleep on: ___back ___side ___stomach

What does child take to bed? _____

What time does your child go to bed at night? _____

Are there any sleep/wake time rituals? _____

_____

Social Relationships

Has your child any experience playing with children? _____

_____

Is your child: ___friendly ___aggressive ___shy ___withdrawn

Reaction to strangers? _____

Prefers to play: ___alone ___in small groups

Favorite toys and activities? _____

_____

Is your child frightened by: ___animals ___rough children ___loud noises ___dark

How do you comfort your child? _____

_____

_____

Daily Schedule

Please describe your child's current daily activities _____

_____

_____

_____

_____

_____

To help make this transition as smooth as possible, we welcome any information you'd like to share.

Your insights will help us provide the best possible care and support _____

_____

_____

_____

_____