

# Development Record

Developmental Record

(Child's Name)

<b>Personal History</b>	<b>Sleeping</b>
Child's Nickname	What time does your child go to bed?
Previous child care arrangements	Awaken?
Child's reaction to these arrangements?	Does he/she take naps?
<b>Eating</b>	From                      To?
Does your child have any food allergies?	Do you have a special way to help your child to to sleep?
What eating problems does your child have?	Does your child have a special toy to go to bed with?
What foods are refused?	How is your child usually awakened from a nap?
Is child usually hungry at mealtimes?	
<b>Bathroom</b>	<b>Social Relationships</b>
Can child be relied upon to indicate bathroom needs?	Has he/she had experiences in playing with other children?
Is your child frightened of the bathroom?	By nature is your child friendly? Aggressive? Shy? Withdrawn? Other?
Does he/she have accidents?	What age child does he/she prefer to play?
How does he/she react to them?	What makes your child upset/mad?
Does the child use a potty chair, toilet, or toilet seat at home?	Is your child frightened by animals? Loud noises? Storms? Other?
Language associated with bathroom functions?	
<b>Medical</b>	
Any medications given regularly?	Has your child had experience with scissors? Painting? Crayons? Clay? Water Play?
Any know allergies? Foods? Asthma? Hay fever? Insect bites? Other	