

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

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

**Child's Age:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Student History:**

Length of pregnancy (number of months) and any complications: \_\_\_\_\_

Birth weight: \_\_\_\_\_ Birth length: \_\_\_\_\_ Type of delivery: \_\_\_\_\_

Newborn care: \_\_\_\_\_

Method of feeding (breast, bottle, until what age): \_\_\_\_\_

Type and age when solid foods were introduced: \_\_\_\_\_

**Ages that your child:** (please explain any pertinent details)

Rolled over: \_\_\_\_\_

Sat up: \_\_\_\_\_

Crawled: \_\_\_\_\_

Walked: \_\_\_\_\_

Talked: \_\_\_\_\_

**Please explain any:**

Accidents: \_\_\_\_\_

Illness: \_\_\_\_\_

Allergies (food, sinus, hay fever, medication): \_\_\_\_\_

---

Speech concerns: : \_\_\_\_\_

Hearing concerns: : \_\_\_\_\_

Explain your child's sleeping patterns: : \_\_\_\_\_

Explain your child's dressing skills: : \_\_\_\_\_

Is your child beginning toilet learning? Describe your approach and your child's reaction to toilet learning:

What is your approach to discipline at this time?

Tell us about your child. How do you see his/her strengths and weaknesses? Describe his/her personality (Preferences, strengths, challenges, etc.):

**Tell us about your child's:**

Motor skills:

Language development:

Reaction to stress:

Feel free to attach any additional comments.

---

Parent / Guardian Name

---

signature