Infant/Toddler/Preschool/School Age Child Development Form

Child's Name: ____________________________________________
Preferred Name: __________________________________________
Age: _______________ Date of Birth: _________________________

In order for Safia's Day Care Academy to provide quality care for your child, SDCA needs to understand a bit about his/her developmental history. Feel free to write in as much information as you like. Use the reverse side of this form if necessary. Depending on your child's age some questions may not apply.

**Activities:**
Please list your child’s favorite toys and activities.
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

What do you consider your child's activity level to be like?
[ ] Normal [ ] Tends to get a bit hyper [ ] Prefers reading and quiet activities to outdoor play
[ ] Prefers to be outside

**Sleeping Habits:**
Does your child nap? [ ] Yes [ ] No
Do you keep your child on a regular nap-time schedule? [ ] Yes [ ] No
At what time does he/she generally like to sleep? _________________________________

Does your child have a favorite toy, blanket etc. he/she like to sleep with?
[ ] Yes [ ] No
If yes, please elaborate:
_______________________________________________________________________

What is your child's temperament when he/she wakes up?
_______________________________________________________________________
Bathroom Habits:
Is your child potty trained? [ ] Yes [ ] No
What word does your family use for urination? ____________________________
What word does your family use for bowel movements? ______________________

Does your child have accidents? [ ] Yes [ ] No
If yes, please explain how this is handled:
__________________________________________________________________________
__________________________________________________________________________

Does your child wear diapers during nap times? [ ] Yes [ ] No
Are there any religious washing specific to your child's needs [ ] Yes [ ] No

Social Development:
Is your child used to playing with other children? [ ] Yes [ ] No
Does your child have trouble separating from you when being dropped off? [ ] Yes [ ] No
If yes, what do you do to assist your child?
__________________________________________________________________________
__________________________________________________________________________

Does your child make shy or have trouble adjusting to new places and faces? [ ] Yes [ ] No
If yes, how do you assist your child?
__________________________________________________________________________

Does your child have a tendency to run away? [ ] Yes [ ] No
How does your child express anger or frustration?
__________________________________________________________________________

Does your child have a tendency to throw temper tantrums? [ ] Yes [ ] No
If yes, how do you handle this?
__________________________________________________________________________
When your child is upset, what do you do to comfort him/her?

Does your child have any special fears?

What method of discipline do you use with your child?

Is there anything you are concerned about where your child’s social development is concerned?  [ ] Yes  [ ] No

If yes, please elaborate:

Are there any development concerns, diagnosed or suspected with your child?  [ ] Yes  [ ] No

If yes, what are the recommendations for working with your child?

Language Development:
Is your child using words?  [ ] Yes  [ ] No
Does your child speak in sentences?  [ ] Yes  [ ] No

Is a second language spoken in your home?  [ ] Yes  [ ] No
If yes, what language?  ____________________________

Does your child have difficulty with his/her speech?  [ ] Yes  [ ] No
If yes, please elaborate:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Foods:
What foods does your child like?

_____________________________________________________________________

_____________________________________________________________________

What foods does your child dislike?
_____________________________________________________________________

_____________________________________________________________________

What do you do when your child refuses to eat?
_____________________________________________________________________

_____________________________________________________________________

Does your child have a favorite beverage?

_____________________________________________________________________

Does your child drink a lot of liquids? [ ] Yes [ ] No

Do you water down fruit juices? [ ] Yes [ ] No

Adjustments:
Do you expect any adjustment problems when your child begins care? Explain:
_____________________________________________________________________

_____________________________________________________________________

Previous child care attended:
_____________________________________________________________________

Any problems at previous child care:
_____________________________________________________________________

_____________________________________________________________________

Family Life:
Can you please tell me who else live at home with you and your child?

Name: ___________________ Nick Name: ___________________ Relationship: _______

Name: ___________________ Nick Name: ___________________ Relationship: _______

Name: ___________________ Nick Name: ___________________ Relationship: _______

Please note here any special family concerns I should be aware of such as custody arrangements or other family situations.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other Information:

Please tell me anything else you would like me to know about your child (his/her general personality, tendency towards affection, etc.).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

_____________________________ ______________________________
Parent’s Signature Reviewed by SDCA Provider

_____________________________ ______________________________
Date Date