



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