

# Los Rios Community College District

American River College • Cosumnes River College • Sacramento City College

## Child's History

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Living in home with Child? \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Living in home with Child? \_\_\_\_\_

Languages spoken in the home \_\_\_\_\_

## **Developmental/Health History**

Birth Weight \_\_\_\_\_ Condition at Birth \_\_\_\_\_

Walked at \_\_\_\_\_ months Began talking at \_\_\_\_\_ months Toilet Trained at \_\_\_\_\_ months

Has child been under regular care of a physician? \_\_\_\_\_ Date of last Exam \_\_\_\_\_

Please list any past serious illnesses your child has had with approximate dates and specify if hospitalization was required \_\_\_\_\_

Has your child been diagnosed with any special needs or disabilities? If yes, please describe \_\_\_\_\_

Does your child have frequent colds, allergies, asthma, stomach aches, and/or nosebleeds? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Does child take medications on a regular basis? If yes, please describe \_\_\_\_\_

## **Daily Routines**

What time does your child wake up? \_\_\_\_\_ Go to bed? \_\_\_\_\_ Does child nap during the day? \_\_\_\_\_

If yes, at what time and for how long? \_\_\_\_\_

At what times does your child usually eat? \_\_\_\_\_

What is your child's typical mealtime routine? \_\_\_\_\_

Do you have any concerns about your child's eating habits? \_\_\_\_\_

How does your child let you know when he/she needs to use the bathroom? \_\_\_\_\_

Do you have any toileting concerns? \_\_\_\_\_

## **Additional Information**

Has your child previously attended a program for young children? If yes, for how many hours/days per week? \_\_\_\_\_

What makes your child upset and/or afraid? \_\_\_\_\_

Who does the disciplining? \_\_\_\_\_ What form of discipline do you use? \_\_\_\_\_

Do you have any behavior concerns? \_\_\_\_\_

What are your child's favorite things? \_\_\_\_\_

Please share any additional information that would assist us in meeting your child's needs \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_