



Little Lambs Preschool

Developmental Health History

Child's Name: _____ Date of Birth: _____

Physical/Developmental Health

Does your child exhibit behaviors that may concern you? (ex- problems walking, talking, hearing, seeing, interacting with others) If so, please explain:

Please list any allergies your child may have (including food and medication):

Does your child have a serious illness or history of illness or hospitalization of which we should be informed?

Does your child have any recurring chronic illness or health problems such as:

- asthma cerebral palsy developmental delay
 diabetes frequent earaches hemophilia
 seizure disorder
 other (please explain _____)

Please list any special needs your child may have:

What is your child's regular sleeping pattern?

Awakes at _____ Naps at _____ Goes to bed at _____

What is the typical length of your child's naptime? _____

Social Relationships/Play

What ages are your child's most frequent playmates? _____

Is your child friendly? _____ Aggressive? _____ Shy? _____

Does your child play well alone? _____

What is the best way to discipline your child? _____

Does your child use a special comforting item (such as a blanket, stuffed animal, doll)? _____

Is there anything you would like to tell us about your values, beliefs, or cultural and childrearing practices?

Please list any other comments, concerns, or special instructions the staff of the LWLC Little Lambs Preschool need to know about in order to best serve your child.

Parent(s) signature: _____

Date: _____