

# *Rockland Montessori Academy For Young Learners*

## **DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION**

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

### **DEVELOPMENTAL HISTORY**

Any speech difficulties? \_\_\_\_\_

Special words to describe needs: \_\_\_\_\_

### **HEALTH**

Any known complications at birth? \_\_\_\_\_

Serious illnesses and/or hospitalizations: \_\_\_\_\_

Special physical conditions, disabilities: \_\_\_\_\_

Allergies i.e. asthma, hay fever, insect bite/medicine/food reactions: \_\_\_\_\_

\_\_\_\_\_

Regular medications: \_\_\_\_\_

### **EATING HABITS**

Special characteristics or difficulties: \_\_\_\_\_

Favorite foods: \_\_\_\_\_ Child eats with hands \_\_\_ spoon \_\_\_ fork \_\_\_.

Foods refused: \_\_\_\_\_

### **TOILET HABITS**

How does child indicate bathroom needs (include specific words)? \_\_\_\_\_

Is child ever reluctant to use the bathroom? \_\_\_\_\_

Does child have accidents? \_\_\_\_\_

### **SLEEPING HABITS**

Does child become tired or nap during the day (include when and how long)? \_\_\_\_\_

When does child go to bed at night? \_\_\_\_\_ and get up in the morning? \_\_\_\_\_