



Spokane County Head Start/ECEAP/EHS CHILD DEVELOPMENTAL HISTORY

Updated	___ / ___ / ___
Staff initial	_____

Date _____ Site _____ Room _____ a.m. p.m. full day

GENERAL INFORMATION FOR ALL CHILDREN

Child's name _____ Birth date _____

Name(s) of adult(s) answering survey _____

Relationship to child _____

What are your child's abilities, strengths and interests?

We would like to include your child's home life and culture in the classroom. What would you like us to know about your family's culture and favorite activities?

What experiences would you like your child to have in HS/EHS this year?

Has your toddler or preschooler had the opportunity to play with other children? yes no

If yes, with whom? _____

How do you know what your child wants? _____

What upsets your child? _____

What comforts or helps your child feel better? _____

Do you have concerns about your child's development? yes no

If so, explain. _____

INFANT AND TODDLER ONLY (For preschool child please complete other side.)

Does your infant/toddler sleep on his/her: back side

How do you put your child to sleep? _____

When does your child nap during the day? _____

Check the words that describe your child:

- | | | | | | |
|---------------------------------|--------------------------------|------------------------------------|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Moody | <input type="checkbox"/> Adaptable | <input type="checkbox"/> Persistent | <input type="checkbox"/> Fearful | <input type="checkbox"/> Sensitive |
| <input type="checkbox"/> Feisty | <input type="checkbox"/> Sad | <input type="checkbox"/> Active | <input type="checkbox"/> Challenging | <input type="checkbox"/> Slow to warm up | <input type="checkbox"/> Quiet |

Does your child use the toilet? yes no How often? _____

How do you know when your child needs to use the toilet? _____

Responds well to _____ Is resistant to _____

What else would you like us to know about your child?

Date LT Reviewed _____

Date AT Reviewed _____

PRESCHOOL ONLY

DOES YOUR CHILD:

- wash and dry his/her own hands? yes no
- dress himself/herself? yes no
- speak so he/she can be understood by others? yes no
- need help with toileting? yes no
- usually take a nap during the day? yes no
- have trouble walking, climbing, reaching or holding on to things? yes no
- listen to stories being read? yes no
- follow simple directions? yes no

What else would you like us to know about your child?
