

Lesley Ellis School

2020 - 2021

34 Winter Street

Arlington, MA 02474

Phone: (781) 641-5987

Fax: (781) 641-1052

DEVELOPMENTAL HISTORY & BACKGROUND INFORMATION

HISTORY & BACKGROUND:

Child's Name: _____ Date of Birth: _____

Optional information if your child was adopted:

Child's age when he/she joined your family: _____ Country of birth: _____

Any complication at birth? _____

Age child began sitting: _____ crawling: _____ walking: _____ talking: _____

Any speech difficulties? _____

Does child suck thumb or use a pacifier? _____ When? _____

Special words used to describe needs: _____

Any serious illness and/or hospitalizations? _____

Any limiting physical conditions? _____

Allergies (i.e., asthma, hay fever, insect bites, medicine, food) and typical reaction:

Regular medications: _____

Does your child wear diapers? _____

Is there frequent occurrence of diaper rash? _____

Has toilet training been attempted? _____

Please describe any procedure you would like to be used for your child while at Lesley Ellis School:

How does your child indicate bathroom needs (special words)? _____

Is your child ever reluctant to use the bathroom? _____

Does your child have any regular pattern of diarrhea or constipation? _____

Does your child have any favorite foods? _____

Does your child refuse any foods? _____

Any special eating habits or practices? _____

Does your child nap during the day? _____ Typically how long? _____

When does your child typically go to bed at night? _____ Wake in the morning? _____

Any special sleep needs (i.e., stuffed toy, blanket)? _____

Child's usual mood upon awakening? _____

Does your child have any favorite toys or activities? _____

Does your child have any consistent fears (i.e., dark, animals, loud noises)? _____

How do you comfort your child? _____

What is the method of behavior management/discipline used at home? _____

How would you describe your child's interaction with other children? _____

How would you describe your child's reaction to strangers? _____

How often does your child play alone? _____

What activities does he/she enjoy doing alone? _____

What previous child care/school experience has your child had? _____

What would you like your child to gain from this child care/school experience? _____

Is there anything else about your child or family which you feel would be helpful for the personnel at Lesley Ellis to know in order for us to provide a nurturing and supportive environment?

Parent's/Guardian's Signature: _____ Date: _____