

# Lesley Ellis School

2021 - 2022

34 Winter Street  
Arlington, MA 02474  
Phone: (781) 641-5987

## 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: \_\_\_\_\_