

# **CHILD HISTORY**

## **Infant/Toddlers**

This form will help us to understand your child so that we may better serve their developmental needs. We ask that both parents fill it out together, if possible, with the hope that in sharing your perceptions about your child, you will gain new insights too.

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### **GENERAL INFORMATION**

#### **PARENT #1**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Years at this address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated

#### **PARENT #2**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Years at this address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated

<i>Siblings Names</i>	<i>Sex</i>	<i>Birthdate</i>	<i>Age</i>	<i>School</i>
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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Other caregiver's names and relationships:

_____	_____
_____	_____
_____	_____
_____	_____

Is either parent absent for long periods of time? If so, please explain.

\_\_\_\_\_

Languages other than English spoken at home?

\_\_\_\_\_

Is your child adopted?  Yes  No

**PHYSICAL HISTORY**

Child's birth: Length of pregnancy: \_\_\_\_\_

Method of delivery:  vaginal  c-section  does not apply

Birthweight: \_\_\_\_\_

Birth length: \_\_\_\_\_

Any other birth information you feel we should know:

\_\_\_\_\_

\_\_\_\_\_

Method of feeding:  formula       nursing/breastmilk    combination

If nursed, how long? \_\_\_\_\_

Age when solid foods introduced: \_\_\_\_\_

Development: Please check all that apply and give approximate ages.

Rolls over: \_\_\_\_\_

Crawls: \_\_\_\_\_

Walks: \_\_\_\_\_

Talks: \_\_\_\_\_

Did/Does your child use:  walker     playpen     infant swing?

Explain any complications or other important details:  
\_\_\_\_\_  
\_\_\_\_\_

**HISTORY OF ILLNESS**

Explain any accidents, illnesses, injuries, hospitalizations, etc.:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any allergies, medications, etc. we should know about?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any speech or hearing issues?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LANGUAGE DEVELOPMENT**

Age of first words: \_\_\_\_\_

List some first words: \_\_\_\_\_

Age of first sentences: \_\_\_\_\_

List some first sentences: \_\_\_\_\_

Please check all that apply:

Speaks clearly.

Hard to understand.

Difficulty with sounds.

Does your child use a pacifier? If so, when is it used? \_\_\_\_\_

When do you plan on discontinuing use? \_\_\_\_\_

## **HOME ENVIRONMENT**

How does your child spend his/her time? What does he/she enjoy doing?

When alone:

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When with you:

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When with other children:

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Do you read with your child?  Yes  No

Do you engage in daily conversation with your child?  Yes  No

How many hours of television does your child watch per day? \_\_\_\_\_

What type of play or chores does your child initiate on his/her own?

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What activities do you share as a family?

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Describe your child's meal times, favorite foods, eating habits, attitude towards food, etc.

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What is your child's usual bedtime? \_\_\_\_\_

Describe your child's bedtime routine and attitude:

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What helps him/her fall asleep?

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Morning wake up time? \_\_\_\_\_

Do you wake him/her? \_\_\_\_\_

Does your child wake during the night? If so, how often? \_\_\_\_\_

Where does your child sleep? \_\_\_\_\_

Does he/she nap? When/how long? \_\_\_\_\_

What limits have you set for your child? How do you discipline?

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How do the parenting styles differ between parent 1 and parent 2?

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What does your child do for attention and from whom are they seeking it?

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Is your child toilet trained?  Yes  No

If not, what are the plans to achieve it?

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What is your child's attitude toward toileting?

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To what extent can your child dress him/herself

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Describe your child's muscle development (coordination, gross/fine motor skills, etc.) especially the hand:

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Tell us about your child. Describe your child's strengths and weaknesses, his/her personality:

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Is there any other pertinent information we should have to better know your child? (fears, habits, likes/dislikes, reactions to stress, etc.)

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Have you read any Montessori literature? If so, what titles?

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Why did you choose Montessori for your child?

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Thank you for sharing this information with us!

AGBMS Infant/Toddler Directresses