

**Westminster Child Care Center
Developmental Checklist**

Date: _____

Child's Name: _____ Birth Date: _____
Last First Middle

Background

Birth was: _____ Premature _____ Timely _____ Late

Any complications? If so, please describe: _____

Your child's position in the family: _____ Oldest _____ Middle _____ Youngest
_____ Only Child

Was your child adopted? _____ If so, is (s)he aware of the adoption? _____

Eating

If your child is younger than 2, describe what (s)he eats/drinks and the feeding schedule:

Is your child usually hungry at mealtime? _____ Between meals? _____

What are your child's favorite foods? _____

What foods will your child not eat? _____

Does your child have any food allergies? _____ If so, please list them here. _____

How are meals eaten at home? _____

What, if any, eating difficulties does your child have? _____

Toileting (if applicable)

Who did/will toilet-train your child? _____

At what age was your child toilet trained? _____

Was toilet training easy or difficult? _____

Is your child fully toilet-trained now? _____

Toileting, Continued

Does your child have some accidents? _____
How does your child react to "accidents"? _____

Does your child need help with toileting? _____
Does your child wet the bed at naptime? _____ At bedtime? _____
Does bed-wetting occur occasionally or regularly? _____
What word do you use for urination? _____ For bowel movements? _____

Sleeping

What time does your child go to bed? _____
What time does your child wake? _____
If you wake your child, what time do you do this? _____
What is your child's bedtime routine? _____

Does your child take naps? _____ If so, from when to when? _____

Health

Has your child had any serious illness or ever been hospitalized? _____ If yes, please describe: _____

What allergies does your child have (asthma, insect bites, hay fever, medicines, etc.)? _____

How does your child react to high temperature? _____

Do you have any special instructions if your child becomes ill? _____

Has your child taken Tylenol/Advil successfully? _____

Are there any medications given regularly? _____

Do you give your child any vitamins or supplements regularly? _____

Personal History

Briefly describe your child (i.e. personality, abilities, concerns you may have). _____

Describe your child's favorite activities when alone. _____

Describe you child's favorite activities with adults. _____

Describe what your child likes to do with other children. _____

Personal History, Continued

Describe your child's experiences with other children. Have they been around other children often or almost never? _____

Your child's nature is:

_____ friendly _____ aggressive _____ shy _____ withdrawn
_____ calm _____ easily excited

Does your child know any children at the Center? _____
What makes your child angry or upset? _____
How does your child express feelings? _____
What do you find is the best way to manage your child's negative behavior? _____

Is your child frightened by any of the following?

_____ animals _____ loud noises _____ small spaces _____ darkness
_____ storms _____ rough children _____ strangers _____ clowns
_____ people dressed up in character

Which of the following does your child like?

_____ books _____ music _____ art _____ playing outdoors
_____ pretend play _____ puzzles _____ blocks _____ water play
_____ scribbling/pre-writing _____ digging/scooping _____ dance
_____ games _____ building with blocks _____ dressing up

How much time does your child spend watching television and/or videos each day? _____

If your child watches television and/or videos, what does (s)he watch? _____

What is your purpose for enrolling your child in Westminster Child Care Center? _____

In what ways can the Center help you as a parent (e.g. parenting classes, parent-teacher conferences, discussions relating to specific concern areas, etc.)? _____

Parent(s) Signature _____