

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

**JACOB'S LEARNING LADDER PRESCHOOL AND ADVENTURE CLUB**  
5002 East Douglas, Wichita, Kansas 67208  
316.618.4189

DEVELOPMENTAL HISTORY

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

**Personal Development:**

Does child have difficulty speaking? \_\_\_\_\_

Are other languages spoken at home? \_\_\_\_\_ If yes, which ones? \_\_\_\_\_

Is child a good climber? yes no Does child fall easily? yes no

Which hand does your child prefer? right left undecided

Does child walk primarily on toes or primarily heel and toe (whole foot)? \_\_\_\_\_

**Eating:**

Does child have eating problems? \_\_\_\_\_

Food allergies? \_\_\_\_\_ Favorite foods? \_\_\_\_\_

What foods are refused? \_\_\_\_\_

**Toilet Habits:**

Can child be relied upon to indicate bathroom needs? \_\_\_\_\_

What word is used for urination? \_\_\_\_\_ bowel movement? \_\_\_\_\_

Does child have accidents? yes no How does child react? \_\_\_\_\_

**Sleep Habits:**

Does child take naps? yes no What does child take to bed? \_\_\_\_\_

What is child's mood on awakening? \_\_\_\_\_

**Social Relationships:**

Has child had experiences in playing with other children? \_\_\_\_\_

Does child have neighbor children close in age with whom they play? \_\_\_\_\_

By nature is child friendly? \_\_\_\_\_ Aggressive? \_\_\_\_\_ Shy? \_\_\_\_\_

How does child get along with siblings? \_\_\_\_\_ Other adults? \_\_\_\_\_

With what age does child prefer to play? \_\_\_\_\_ Does child enjoy being alone? \_\_\_\_\_

What makes child angry or upset? \_\_\_\_\_

How does child show feelings? \_\_\_\_\_

What do you find is the best way of handling your child? \_\_\_\_\_

Is the child frightened of any of the following: Animals? yes no Rough children? yes no

Storms? yes no Dark? yes no Adults? yes no Strangers? yes no

Anything else? \_\_\_\_\_

**Social Relationships** (continued):

Does child have a pet? yes no What kind? \_\_\_\_\_ Name? \_\_\_\_\_

Favorite toys and activities at home? \_\_\_\_\_

Can child ride a tricycle? yes no Had experience with playdough? yes no Easel painting? yes no

Finger painting? yes no Scissors? yes no Blocks? yes no Water play? yes no \_\_\_\_\_

Does child attend Sunday School? yes no Has child attended a Vacation Bible School? yes no

Has child attended any other preschool or daycare? \_\_\_\_\_

Do you feel child will easily adjust to the preschool situation and atmosphere? \_\_\_\_\_

**Home Relationships:** Who lives with the child in the home?

Mother \_\_\_\_\_ Father \_\_\_\_\_ Sister \_\_\_\_\_ Brother \_\_\_\_\_ Grandparent \_\_\_\_\_

Names and ages of sibilings: \_\_\_\_\_

Name used for Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Name used for Grandparents: \_\_\_\_\_

\_\_\_\_\_

Briefly describe your child (physical appearance, personality, abilities, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what particular ways can we help your child this year"

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please briefly describe your parenting style:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional information you feel we might need to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_