



Toddler/Twos Personal Care Plan Developmental History Form

Today's Date: _____ Date of Enrollment/Transition: _____

Child's Name: _____ Date of Birth: _____ Age: _____

Date of Last Physical: _____

What would you like us to call your child? _____

What languages are spoken at home? _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Name of Person Completing Form: _____

Primary Caregiver: _____

Classroom: _____

Family Information

In the columns below, list the names of family members residing with the child. Please include siblings, extended relatives, and pets. For each person listed provide the name the child uses to address that individual and include ages of siblings.

Name	How child addresses this individual?	Age

Please list the words used in your language corresponding to the words in English. Include additional words in the blank columns if needed.

I'll take good care of you	
I see that you are crying	
Let's change your diaper	
I like your smile	
It's time for your bottle	
Time to eat	
Time for your nap	
Mommy will be back	
Daddy will be back	

If parental custody is shared, describe the custody arrangements:

Please tell us about cultural family customs, rituals, or traditions that will help us make your child's experience more meaningful, including languages spoken at home:

Developmental History

Does your child:

- Yes No Crawl?
- Yes No Walk with support?
- Yes No Walk without support?
- Yes No Say audible words?
- Yes No Speak in 2 or 3 audible sentences?

Do you have developmental concerns about your child?

How does your child communicate his/her needs?

Child's Health

List medications regularly taken and conditions requiring them:

Describe serious illnesses or hospitalizations:

Describe special physical conditions, disabilities, allergies, or concerns:

Does your child have a special need?

Explain special services and accommodations, which are different from those provided by the center's routine program (i.e. exercises, equipment, materials, or special services personnel):

Nutrition Practices and Routines

How is your child fed? Check all that apply: Breast Bottle Cup

List special dietary requests and restrictions:

Food likes and eating preferences:

Child eats with: Spoon Fork Fingers Other: _____

Child is fed in: High chair At the table Other: _____

Additional Information:

Sleeping Routines

Pre-nap/routines/rituals:

Number of naps daily: _____ | From: _____ To: _____ From: _____ To: _____ From: _____ To: _____

What time does your child go to bed at night? _____ Wake in the morning? _____

At home child sleeps in (Check all that apply): Crib Bed With parents

Child's typical waking behavior/routine/mood:

Special sleeping concerns:

Diapering/Toileting Routines

Is your child toilet trained? Yes No Urination Bowel Both

If yes, when did you begin? _____

Does your child have accidents? Yes No If yes, how often and when? _____

Does your child wear diapers during the day? Yes No

Does your child wear diapers while napping? Yes No

If yes, what type will you provide? Cloth Disposable

Words used for urination:

Words used for bowel movement:

Are bowel movements regular? Yes No How often, when?

Is there a problem with: Diarrhea Constipation Explain:

What is used at home for toileting? Potty chair Special seat Regular seat Explain:

How can we support toilet learning?

Comforting Child

Child prefers to be held: _____

Security Object (if any): _____ Name child uses for object/when needed: _____

Does your child use a pacifier? Yes No If yes, when? _____

Describe how adults can comfort your child: _____

Social Relationships

Has your child had any experience with group care? Yes No If yes, explain:

Is your child: Friendly Aggressive Shy Withdrawn Explain:

How does your child react to new situations and new children and adults?

Does your child prefer to play: Alone In small groups Explain:

Has your child had previous child care experience?: Yes No If yes, explain how it met, or did not meet your expectations:

Child's favorite toys and activities:

Does your child have any fears? Yes No Explain:

Additional Pertinent Information

To help us care for your child as an individual, please explain your parenting philosophy:

Is there additional information you feel is important for the staff to know about your child or family?

What do you as a family hope to get out of this child care experience?

Sections of this Personal Care Plan will be updated every 3 months or sooner if requested by a parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Date of change:		Parent Initials:		Staff Initials:	
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