



Threes/Pre-Kindergarten Personal Care Plan Developmental History Form

A Member of Trinity Health

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 Teacher: _____

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.

I'll take good care of you	
I see that you are crying	
Time to go outside	
I like your smile	
Time for snack/lunch	
Everyone is resting now	
Mommy will be back	
Daddy will be back	
Time to use the bathroom	
Now we wash our hands	
It's group time	
It's choice time. You can choose what you want to do	

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

What languages does your child speak? _____

Do you have developmental concerns about your child?

Does your child have any speech difficulties? Yes No If yes, explain:

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

Does your child have any eating difficulties? Yes No If yes, explain:

List special dietary requests and restrictions:

Food likes and eating preferences:

Child eats with: Spoon Fork Fingers Other: _____

Additional Information:

Sleeping Routines

Does your child become tired or nap during the day? Yes No If yes, what time and for how long?

Pre-nap/routines/rituals:

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

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

Child's typical waking behavior/routine/mood:

Special sleeping concerns:

Toileting Routines

Is your child reluctant to use the bathroom? Yes No If yes, how do you handle this?

Is your child toilet trained? Yes No Urination Bowel Both

If not, does child wear diapers? Yes No

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

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

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

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: Determined Outgoing Shy Relaxed Assertive 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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