

Gottlieb Child Development Center 905 W. North Avenue, Entrance #17 Melrose Park, IL 60160 708-538-6871

Toddler/Twos Personal Care Plan Developmental History Form

A Member of Trinity Health

Today's Date:		_ Date o	of Enrollment/Transit	ion:
Child's Name:		_ Date o	of Birth:	Age:
Date of Last Physic	:al:			
What would you lik	ke us to call your child?			
What languages ar	e spoken at home?			
Parent/Guardian N	lame:			
Parent/Guardian N	lame:			
Name of Person Co	ompleting Form:			
Primary Caregiver:				
Classroom:				
amily Informatio	n			
residing with the child relatives, and pets. Fo	o, list the names of family med. Please include siblings, extor each person listed provide and address that individual and gs.	ended the	corresponding to	ords used in your language the words in English. Include in the blank columns if needed.
Name	How child addresses this individual?	Age	I see that you are cryii	ng
			Let's change your diap	per
			I like your smile	
			It's time for your bottle	e
			Time to eat	
			Time for your nap	
			Mommy will be back	
			Daddy will be back	
parental custody is sl rangements:	nared, describe the custody		traditions that will	t cultural family customs, rituals, or help us make your child's experience including languages spoken at home:



Todder/Twos Personal Care Plan Developmental History Form

Child's Name:	

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, disabilites, allergies, or concerns:
Does your child have a special need?
Explain special services and accomodations, which are different from those provided by the center's routine program (i.e. exercises, equipment, materials, or special services personnel):



Gottlieb Memorial Hospital Developmental History Form **Developmental History Form**

Child's Name:	

Nutrition Practices an	d Routines				
How is your child fed? Check	all that apply: DE	Breast □ Bott	le □ Cup		
List special dietary requests	and restrictions:				
Food likes and eating prefere	ences:				
Child cate with					
Child eats with: ☐ Spoon					
Child is fed in: High chai Additional Information:	r ⊔ At the table	□ Other:			
Additional information:					
Sleeping Routines					
Pre-nap/routines/rituals:					
rie-naprioutines/rituals.					
Number of naps daily:	From:	To: From	: To:	From:	To:
What time does your child go	o to bed at night?		Wake in the mo	orning?	
At home child sleeps in (Che	ck all that apply): $\ \square$	Crib □ Bed	☐ With parents		
Child's typical waking behavi	or/routine/mood:				
crima's cypical waking benavi	on roadine, mood.				
Special sleeping concerns:					



Todder/Twos Personal Care Plan Developmental History Form

Child's Name:	

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:
words used for bower movement.
Are bowel movements regular? □ Yes □ No How often, when?
ls 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:



Hospital Hospital Developmental Line

Child's Name:	

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?



Todder/Twos Personal Care Plan Developmental History Form

Child's Name:	

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:	
Date of change:	Parent Initials:	Staff Initials:	
Date of change:	Parent Initials:	Staff Initials:	
Date of change:	Parent Initials:	Staff Initials:	
Date of change:	Parent Initials:	Staff Initials:	
Date of change:	Parent Initials:	Staff Initials:	
Date of change:	Parent Initials:	Staff Initials:	