

Moorpark College Child Development Center

Personal and Family History

Note: We are asking for the following information in order that we may help your child adjust as happily and comfortably as possible. The more we can know about your child's experiences and likes and dislikes, the better we can understand and meet your child's needs.

Child's First Name: _____ Name usually called: _____

Date of Birth: ___/___/___ Sex: ___ Male ___ Female Is the child Adopted: ___ yes ___ no

Parent Name: (First and Middle only) _____ Age: _____

Does this person live in the home with the child? ___ yes ___ no Occupation: _____

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Does this person live in the home with the child? ___ yes ___ no Occupation: _____

Marital Status: ___ Married Living together ___ Separated ___ Divorced ___ Other

Children living in the Family:

First Name: Age: School Age: Health: Living in Home with child:

First Name:	Age:	School Age:	Health:	Living in Home with child:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List Other Members of Household: Relationship: Age:

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_____	_____	_____

List Family Pets: Kind of Animal:

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_____	_____

Part I – Experiences and Characteristic Ways of Behavior

1. How many places has this child lived since birth? _____ Where? _____
How long in each place? _____
2. Has this child had experiences with traveling/vacations? _____ Where and When? _____
3. Who does this child usually live with? _____ Does this child live in a house condo apartment
4. Where does this child play freely? _____
5. Has this child been sleeping in a room alone this past year? _____ Does this child share a room? _____
If so, with whom? _____
6. What adults care for this child at present? _____
7. To what adult or adults do you believe this child is most strongly attached? _____
8. How many different caregivers has this child had? _____ When? _____

9. What kind of group experiences has this child had? _____

10. What is it that helps this child make the first adjustments away from home and family? _____

11. What activities and what parts of the day does this child enjoy the most? _____

12. Under what circumstances does this child become most easily upset or concerned? _____

13. How does this child behave, or what do they do when they are upset, angry, or afraid? _____

14. What helps to reassure or make them feel secure again when they are upset? _____

15. To whom does this child turn to for comfort when they are upset? _____
16. What are the most important "do's" and "don'ts" in your family for this child? _____

17. What ways of setting limits or enforcing family rules have you found most successful with this child? _____

18. How would you evaluate this child's personality? _____

19. What adjectives best describe this child:
As an infant? _____
As a toddler? _____
As a two year old? _____
As a three year old? _____
As a four year old? _____

Part II- Developmental History

1. Share briefly the pregnancy and birth story of this child: _____

2. Tell about this child's eating history (breast/bottle; problem foods; attitude toward food and mealtimes). _____

List all food allergies: _____

3. Is there anything you feel we should know about this child's toilet training? _____

Word(s) for urination: _____ Word(s) for bowel movement: _____

4. Tell us about this child's sleep pattern. What time does he/she go to bed? _____ Get up? _____ Do they nap? _____ How long? _____ Have "bad dreams"? _____ Any frequent themes? _____

Does this child have any favorite possession(s), toys, or comforting device(s) that they use when going to sleep? _____ What? _____

Do they use these "loovies" at other times during the day? _____ When? _____

5. What do you consider most unique or characteristic about this child's speech at present? _____

When did they begin to speak? _____ Is this child fluent in English? _____

What language(s) is(are) spoken in your home? _____

How can we best meet your family's language needs for this child? _____

What special likes or interests has this child had from an early age that have been noted through what they talk or ask about? (i.e. interest in mechanical objects, trains, ideas, nature, etc.) _____

Part III- Illness, accidents and Family Incidents

1. Has this child had serious or chronic illnesses? _____ If yes, explain what and how this affected this child: _____

Any family member with accidents or serious or chronic illnesses? _____ If yes, explain how this affected this child: _____

2. What accidents has this child experienced? _____

How did he/she react and how does he/she seem to feel about it now? _____

3. Has this child been hospitalized? _____ if so, when and why? _____

4. How does this child feel about doctors, hospitals, and illnesses in general now? _____

5. Has anyone close to this child died? _____ If yes, explain how this has affected this child: _____

6. What do you feel are the most difficult emotional adjustments this child has had to make? _____

7. What specific or general fears does this child have? _____

8. Tell how this child recovers from emotional stress or anxiety _____

9. What helps this child recover after slight injuries, difficulties or periods of stress and strain? _____

10. How do you think this child feels about his/herself? _____
11. Does this child have problems with siblings? _____ If so, explain: _____

12. What is the most trying part of the day for you as a parent? _____

Part IV – Family Moments

1. Tell how your family celebrates holidays or special events: _____

2. What are some of your family traditions: _____

3. What foods does your family especially enjoy? _____

- What are this child's favorite foods? _____
4. Tell about the music your family enjoys: _____

- What is this child's favorite song? _____
5. Tell about the games or pastimes your family enjoys: _____

- What is this child's favorite game? _____
6. Is there anything else about this child you would like to share with us? _____

Person completing this form: (Please check) _____ Mother _____ Father _____ Other

Date: _____