

Spokane County Head Start/ECEAP/EHS CHILD DEVELOPMENTAL HISTORY

Updated	/	/	
Staff initial			

Date	Site	Room	a.m.
	GENERAL IN	NFORMATION FOR ALL CHIL	DREN
Child's name			Birth date
Name(s) of a			
	ur child's abilities, strengths ar		
	e to include your child's home amily's culture and favorite act		om. What would you like us to know
What experie	ences would you like your child	d to have in HS/EHS this year?)
•	·	pportunity to play with other chi	
ır yes	s, with whom?		
	concerns about your child's d		
	•	· · · · · · · · · · · · · · · · · · ·	
	NFANT AND TODDLER ONL fant/toddler sleep on his/her: [Y (For preschool child pleas ☐ back ☐ side	e complete other side.)
•	•		
When does y	vour child nap during the day? ords that describe your child: py	aptable	☐ Fearful ☐ Sensitive ☐ Slow to warm up ☐ Quiet
Does your ch	nild use the toilet? \square yes \square n	o How often?	
	know when your child needs to	a usa tha tailat?	
Responds we	ell to	ls resistant to	0
What else wo	ould you like us to know about		
Date	LT Reviewed_	Date AT F	Reviewed

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