

# 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 (for WA State only): .....

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 words used in your language corresponding to the English below. 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	
Time to eat	
Everyone is napping now	
Mommy will be back	
Daddy will be back	
Time to use the bathroom	
Now we wash our hands	

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:

.....  
.....  
.....

# Toddler/Twos Personal Care Plan: DEVELOPMENTAL HISTORY FORM

Child's Name: .....

## DEVELOPMENTAL HISTORY

Does your child: Crawl? Yes  No  Walk with support? Yes  No  Walk without support? Yes  No

Does your child: Say audible words? Yes  No  Speak in 2 or 3 audible sentences? Yes  No

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): .....

.....  
.....  
.....

*Note: For documented medical allergies an Allergy Health Care Plan completed by the child's medical provider is required.*

# Toddler/Twos Personal Care Plan: DEVELOPMENTAL HISTORY FORM

Child's Name: .....

## NUTRITION PRACTICES AND ROUTINES

List special dietary requests, and restrictions: .....

.....  
.....  
.....

Food likes and eating preferences: .....

.....  
.....  
.....

Child eats with:        Spoon  Fork  Fingers  Other  .....

Child is fed in:        In highchair  At the table  Other  .....

Additional Information: .....

.....  
.....  
.....

## SLEEPING ROUTINES

Pre-nap routines/rituals: .....

.....  
.....  
.....

Number of naps daily:    From: ..... To: .....                      From: ..... To: .....

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

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

Child's typical waking behavior/routine/mood: .....

.....  
.....  
.....

Special sleeping concerns: .....

.....  
.....  
.....

# Toddler/Twos Personal Care Plan: DEVELOPMENTAL HISTORY FORM

Child's Name: .....

## DIAPERING/TOILETING ROUTINES

Is your child toilet trained? Yes  No  Urination  Bowels  Both  If yes, when did you begin? .....

Does your child have accidents? Yes  No  If yes, how often/when? .....

Does your child wear diapers during the day? Yes  No

Does your child wear diapers when napping? Yes  No

If yes, what type you will provide? Disposable  Cloth

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

Position 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? .....

.....

.....

.....

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Child's Name:.....

## SOCIAL RELATIONSHIPS

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

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  If yes, please 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? .....  
.....  
.....

# Toddler/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:	
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