

# TODDLER DEVELOPMENTAL FORM

Child's Name \_\_\_\_\_  
Last First Middle  
Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

## Physical Development

Birth: Term \_\_\_\_\_ Premature \_\_\_\_\_ Adopted \_\_\_\_\_  
Trauma at Birth: \_\_\_\_\_ Early Illness \_\_\_\_\_  
Crawled \_\_\_\_\_ (months) Walked \_\_\_\_\_ (months)  
Named Objects \_\_\_\_\_ (months) Formed Sentences \_\_\_\_\_ (months)  
Toilet Training (Age Completed) \_\_\_\_\_  
Uses Right \_\_\_\_\_ Left \_\_\_\_\_ Hand  
Puts Objects in Mouth: Yes \_\_\_\_\_ No \_\_\_\_\_  
Eating Habits: Good \_\_\_\_\_ Poor \_\_\_\_\_ Vegetarian or vegan \_\_\_\_\_  
Sleeping Habits: \_\_\_\_\_ Falls Asleep Easily  
\_\_\_\_\_ Difficulty Sleeping Through the Night  
\_\_\_\_\_ Falls Asleep with Difficulty  
\_\_\_\_\_ Difficulty Waking

**Check any that pertain to your child:**  
Allergies \_\_\_\_\_ (List \_\_\_\_\_)  
Asthma \_\_\_\_\_  
Medication \_\_\_\_\_ (List \_\_\_\_\_)  
Seizures \_\_\_\_\_ Convulsions \_\_\_\_\_ Epilepsy \_\_\_\_\_  
Colic \_\_\_\_\_ Stomach aches \_\_\_\_\_  
Ear Infections \_\_\_\_\_ Headaches \_\_\_\_\_ Eye Problems \_\_\_\_\_  
Accident where unconscious \_\_\_\_\_

**How does your child appear in his/her movements?**  
\_\_\_\_\_ Coordinated \_\_\_\_\_ Uncoordinated

## Family History

Has your child separated from you prior to this time? Yes \_\_\_\_\_ No \_\_\_\_\_  
How does he/she relate to siblings? \_\_\_\_\_

## Behavior

**Please check any of the following that describes your child:**  
Happy \_\_\_\_\_ Irritable \_\_\_\_\_ Distractible \_\_\_\_\_ Impulsive \_\_\_\_\_  
Excitable \_\_\_\_\_ Immature \_\_\_\_\_ Very active \_\_\_\_\_ Empathetic \_\_\_\_\_  
Daydreams \_\_\_\_\_ Whiney \_\_\_\_\_ Sad \_\_\_\_\_ Explosive \_\_\_\_\_

**Please check any of the following that describes your child:**  
Feels good about himself \_\_\_\_\_ Cries easily \_\_\_\_\_ Enjoys new experiences \_\_\_\_\_  
Has Fears \_\_\_\_\_ (if yes, explain) \_\_\_\_\_

**Please check any of the following that describes how your child behaves with other children:**

Gets along better with older children \_\_\_\_\_  
Gets along better with younger children \_\_\_\_\_  
Leader \_\_\_\_\_ Follower \_\_\_\_\_  
Displays affection indiscriminately \_\_\_\_\_

**Please check any of the following tht describes your child:**

Gives up easily \_\_\_\_\_ Perseveres to complete a task \_\_\_\_\_  
Learns by observation \_\_\_\_\_ Learns by participation \_\_\_\_\_

**Check any of the following which your child shows sensitivity to or is distracted by**

Touch/Kinesthetic Stimuli \_\_\_\_\_  
Sound/Auditory Stimuli \_\_\_\_\_  
Light/Visual Stimuli \_\_\_\_\_

**Does your child like his environment:**

Order or arranged \_\_\_\_\_  
Poorly organized \_\_\_\_\_

**Does s/he spend a significant amount of time with adults?** \_\_\_\_\_

**Who, besides yourself, is entrusted with the care of your child?** \_\_\_\_\_

**What is your child's reaction when exposed to groups?**

**Is your child involved in any activities outside of school? Please explain:**

**Where will your child spend non-school hours?**

**What activities does your child particularly enjoy?** \_\_\_\_\_

### Language Development

**Does your child speak:** \_\_\_\_\_ as little as possible \_\_\_\_\_ a lot

**Can you or other adults easily understand your child's speech?** Yes \_\_\_ No \_\_\_

### Parenting

**What approach to discipline do you use?**

**How does your child handle frustration?**

**Please list any discipline problems your child may be experiencing:**

**How is the problem being handled?**

**How much time does your child spend watching television?** \_\_\_\_\_