



**UC Irvine Child Care Services
Infant Toddler Family History Form
949.824.4754**

The following information is considered personal and confidential, only professional staff will have access to your child's file

Date of Entrance _____

FAMILY INFORMATION

Child Information

Last Name:		First Name:	
Birthdate:	Gender:	Place of Birth:	
Street Address:			
City:		State:	Zip:

Parent 1 Information

Last Name:		First Name:	
Email:		Age:	
Street Address:			
City		State:	Zip:
Cell Phone #:		Alternate Contact #:	
Affiliation to UCI:		UCI ID:	

Parent 2 Information

Last Name:		First Name:	
Email:		Age:	
Street Address:			
City		State:	Zip:
Cell Phone#:		Alternate Contact#:	
Affiliation to UCI:		UCI ID:	

Marital Status (check one):

- Married Separated Divorced
 Widowed Single Unmarried life partners

Do both parents live with your child in your home? _____

If yours is a single parent home, describe your child's relationship with his/her other parent. _____

How often does your child see his/her other parent? _____

Are there extended visits? _____

What is the legal custody arrangement? _____

Other children in the family:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Describe how your child gets along with his/her siblings _____

Other members of the household:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Describe how your child gets along with these others _____

Describe any recent major changes in your family; such as birth, death, marriage, divorce separation, moving, etc. _____

What type of residence do you live in? _____



TEMPERAMENT

Describe your child's activity level: motor activity and the proportion of active and inactive periods:

Describe your child's rhythmicity (regularity): the predictability or unpredictability of your child's biological functions, such as hunger, sleep-wake cycle, and bowel elimination. _____

Describe your child in terms of approach-withdrawal: the nature of the initial response to a new situation or stimulus-a new food, toy, person or place. _____

Describe your child in terms of adaptability or the long-term response to a new or altered situation. Here the concern is not the nature of the initial responses but the ease with which they are modified in desired directions. _____

Describe your child's sensory threshold: some children are very light sleepers or are very sensitive to light or sound while others can sleep through earthquakes or endure bumps or falls without much of a reaction. _____

Describe the general quality of your child's mood. Contrast the amount of pleasant, joyful and friendly behavior and mood expression with unpleasant crying and unfriendly behavior and mood expression. (Many external factors such as teething, illness, stress, hunger, or lack of sleep, contribute to periods of negative mood expression. What we are after here is your child's mood in general.) _____

Describe your child's intensity of reactions to various stimuli: for example, one child might shriek with laughter or fear while the very same stimulus might provoke a slight smile or frown from another child.

Distractibility is the effectiveness of an outside stimulus in interfering with or changing the direction of the child's ongoing behavior. Describe your child in terms of distractibility. _____

Persistence refers to the continuation of an activity in the face of obstacles or difficulties. Attention span concerns the length of time a particular activity is pursued without interruption. Describe your child in terms of persistency and attention span. _____

** The preceding questions are taken from work on temperament by Stella Chess, MD and Alexander Thomas, MD

MEDICAL HISTORY

PREGNANCY AND BIRTH

Number of pregnancies before this child: _____ Birth weight of baby _____

Type of birth _____ Did child arrive on time? _____

Did the baby have any trouble starting to breathe at birth? _____

Did the baby have any problems while in the hospital? _____

Were any congenital defects noted at birth or since? _____

Did the mother experience any illnesses or difficulties during pregnancy? _____

Apgar score or general condition at birth _____

HEALTH

Has your child had any serious illnesses or accidents? _____

Has your child ever been hospitalized besides at birth? If so, at what age, for how long, and for what reason? _____

Are there special health problems we should know about? _____

If your child has had any of the following illnesses, please state that age at which he/she had them:

Asthma _____ Chicken Pox _____ Convulsions _____

Diabetes _____ Diphtheria _____ Hay Fever _____

Heart Disease _____ Hepatitis _____ Measles _____

Mumps _____ Pneumonia _____ Poliomyelitis _____

Rheumatic Fever _____ Scarlet Fever _____ Small Pox _____

Tuberculosis _____ Whooping Cough _____ Others: _____



HEALTH

The following illnesses are common to infants. Has your child experienced any of these to excess?

(Check & Explain)

Allergies

Common Cold

Croup

Diaper Rash

Ear Infections

Reflux/Stomach Upset

Roseola

Strep Throat

Thrush

Explanation _____

Please check any chronic diseases that have occurred in the family history:

Allergies

Anemia

Asthma

Cancer

Diabetes

Heart Disease

Seizures

Rheumatic Fever

Other: _____

Are the child's parents and siblings in good health? _____

NUTRITION AND FEEDING PRACTICES

What has been your child's history of feeding and weaning, if applicable? _____

Have you noticed any allergies or sensitivities to particular foods? _____

What, if any, problems have you had around feeding? _____

What foods do you prefer your child not to have? _____

What are your child's favorite foods? _____

What food is your child currently eating:

Fruits _____

Vegetables _____

Cereals _____

Protein _____

NUTRITION AND FEEDING PRACTICES

Juices _____

Milk or Formula _____

What kind of bottle does your child use? _____

Is your family vegetarian? _____

SLEEPING

What is your child's bedtime? _____ How long does your child usually sleep at night? _____

What is your child's sleep schedule during the day? _____

Do you have any special ways of helping your child fall asleep? _____

Does your child share a bedroom? If so, with whom? _____

Does your child share a bed? If so, with whom? _____

Are you have trouble establishing a regular sleeping cycle for your child? _____

Does your child use a pacifier? _____

ELIMINATION

What is your family's terminology for urination? _____

For bowel movements? _____

Has your child had trouble with diaper rashes? If so, what do you use? _____

Are Mom to Mom diapers okay? _____

At about 24 months children begin gaining control of the muscles necessary to achieve toilet training. Has your child shown any of these signs of readiness? (check)

- | | |
|---|---|
| <input type="checkbox"/> Dry diapers after naps | <input type="checkbox"/> Dry diapers in the morning |
| <input type="checkbox"/> A dislike of wet or soiled diapers | <input type="checkbox"/> An interest in using the potty |
| <input type="checkbox"/> Success in using the potty | <input type="checkbox"/> Other: _____ |

What are your beliefs about toilet training? _____



DISCIPLINE PRACTICES

DISCIPLINE PRACTICES

Is your child: (check one)

Easy to manage

Fairly easy to manage

A real challenge to manage

Impossible to manage

Explain: _____

What methods of discipline have you found to be most effective? _____

Are you in agreement with your parenting partner about the methods of discipline to be used with this child? _____

If not, in what ways do you differ? _____

How does your child usually react to limits and corrections? _____

Does your child have temper tantrums? _____

Are there any behaviors that concern you or that you would like us to know about? _____

SOCIAL EMOTIONAL DEVELOPMENT

Do you have relatives in the area that are significant to your child? If so, who? _____

Have the adults in your child's life remained fairly constant? _____

Does your child have peers or friends? _____

What is your child's favorite activity? _____

Has your child traveled much? _____

What do you enjoy most about your child? _____

What do you enjoy most about parenting? _____

What interests, hobbies or talents do you have that you would be willing to contribute to the center?

FAMILY CULTURE

What is your ethnic or cultural background? _____

What languages are spoken in your home? _____

With extended family? _____

How comfortable are you reading and speaking English? _____

What traditions symbolize your family? _____

What values do you want us to teach your child? _____

What celebrations, songs, stories, toys could we include that would represent and support your cultural heritage? _____

Does your family celebrate birthdays? If so, how? _____

Would you be willing to come share your family's ways of celebrating holidays with your child's group (Toddlers)? _____

How can we validate and support your family's lifestyle here at the center? _____

What are your hopes and dreams for your child? _____

PROFILE OF INFANT DEVELOPMENT

Please answer these questions to the best of your ability, according to what you have observed.

Social-Emotional Development

Young Infant (to about nine months)

Makes eye contact

Smiles back at adults

Recognizes primary caregiver

Laughs at patty-cake and peek-a-boo games

Withdraws or cries when stranger approaches

Shows dislike when familiar toy is removed

Other: _____

Date Observed



CHILD MOTOR SKILLS

Mobile Infant (to about eighteen months)

- Shows discomfort on separation from mother
- Participates in peek-a-boo and patty-cake games
- Offers and gives toy to adult
- Knows difference between own possession and others'
- Initiates social games like ball play
- Other: _____

Date Observed

Toddler (to about thirty-six months)

- Protests when activity is blocked
- Picks up and puts away toys on request
- Shows affection--carries or hugs doll, shows regard for people or possessions
- Occupies self, thinks up own play activities, or acts on simple suggestions
- Explores, investigates surroundings
- Plays alone but alongside or among other children, focuses on own activity but is aware of theirs without disturbing them
- Plays and interacts with other children
- Helps at little tasks
- Other: _____

Date Observed

Physical--Large-muscle Development

Young Infant (to about nine months)

- Controls head
- Rolls from back to side
- Rolls from back to front
- Creeps or inches forward or backward
- Other: _____

Date Observed

Mobile Infant (to about eighteen months)

- Crawls
- Gets into sitting position
- Pulls to stand
- Cruises holding onto furniture

Date Observed

Mobile Infant (to about eighteen months)

Walks independently

Other: _____

Date Observed

Toddler (to about thirty-six months)

Walks fast and well

Runs awkwardly

Walks upstairs holding a hand

Walks backward

Climbs

Runs well

Date Observed

Toddler (to about thirty-six months)

Throws ball with aim

Walks upstairs without a hand

Jumps

Can stand on one foot briefly

Other: _____

Date Observed

Physical--Small-muscle Development

Young Infant (to about nine months)

Coordinates sucking, swallowing, and breathing

Gums and swallows textured foods

Drinks from cup with help

Closes lips on spoon to remove food

Picks up spoon

Reaches for and grabs toy

Transfers toy from hand to hand

Other: _____

Date Observed

Mobile Infant (to about eighteen months)

Feeds self-small bits of food using fingers

Eats cracker

Eats mashed table foods

Uses thumb and forefinger to pick up small items

Turns pages of books

Scribbles

Other: _____

Date Observed



CHILD MOTOR SKILLS

Toddler (to about thirty-six months)

- Drinks from cup unassisted
- Feeds self well using spoon
- Washes and dries hands alone
- Unfastens clothing
- Removes simple garments
- Exercises bladder and bowel control
- Cares for self at toilet
- Puts coat and shoes on
- Stacks blocks
- Puts pegs in pegboard
- Takes covers from objects
- Takes things apart
- Puts things together (like simple construction toys)
- Uses paint brush
- Other: _____

Date Observed

Language Development

Young Infant (to about nine months)

- Turns head in direction of voices and sound
- Listens
- Cries
- Responds to voices
- Coos, whimpers, gurgles, and makes a variety of sounds
- Imitates sounds
- Other: _____

Date Observed

Mobile Infant (to about eighteen months)

- Knows what words stand for objects
- Responds to words
- Carries out simple commands
- Expresses self-using gestures and movements
- Uses words such as "mama"
- Has intonation
- Other: _____

Date Observed

Toddler (To about thirty-six months)

Date Observed

Shows body parts, clothing items, or toys on request

Labels objects

Follows two simple directions

Uses two-word sentences

Uses name when referring to self

Names pictures in a book

Listens to stories or rhymes

Uses personal pronouns I, me, you

Converses in short sentences

Answers questions

Uses language to convey ideas

Has fairly clear pronunciation

Other:_____

Cognitive Development

Young Infant (to about nine months)

Date Observed

Is visually alert a good part of waking hours

Recognizes familiar objects

Looks for dropped objects

Is able to use several senses at once

Is able to remember games and toys from previous days

Anticipates return of people

Is able to concentrate

Pulls cover off toy when hidden

Solves simple manipulative problems

Shows interest in discovering the consequences of own behavior

Other:_____

Mobile Infant (to about eighteen months)

Date Observed

Is good at finding hidden objects

Uses trial-and-error method effectively

Explores new approaches to problems

Thinks about actions before doing them

Imitates people who are not present

Other:_____



CHILD MOTOR SKILLS

Toddler (to about thirty-six months)

Fantasizes and role plays

Memorizes phrases of songs

Identifies pictures of common objects

Works simple puzzles

Counts to two or three

Knows he is boy or she is a girl

Knows most of the body parts

Compares sizes, shapes, colors

Names actions in pictures

Uses plurals

Expresses self-using words

Other: _____

Date Observed

Signature _____ Date _____