



FIRST ASSEMBLY OF GOD CHILD DEVELOPMENT CENTER

DEVELOPMENTAL LEVEL

Child's Name: _____

Date of Birth: _____

Physical:

How often and for how long does your child sleep? _____

How do you put your child to sleep? (e.g. rocking, singing, swaddling, etc.) _____

How much and how often does your child eat? _____

Emotional:

Do you use any particular item to comfort your child? _____

Intellectual:

What stage of development is your child currently at? (e.g. crawling, walking, sitting up)

Additional:

Is there any additional information that you feel we should know about your child? _____
