

**HASLET ELITE LEARNING CENTER
DEVELOPMENTAL LEVEL**

Child's Name: _____ Child's Age: _____ Date: _____

PHYSICAL

Sleeping habits: _____

Eating habits: _____

Special diapering needs: _____

Special sleeping needs: _____

SOCIAL

Is your child friendly or shy? _____

Has your child had experiences playing with other children? _____

EMOTIONAL

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

How does your child show his/her feelings? _____

INTELLECTUAL

What is your child's current stage of development (i.e., crawling, walking, sitting up, etc.)?
