

CHILD GROWTH AND DEVELOPMENT RECORD

Children with special health care needs may grow and develop at a rate different from other children.

It is important to keep a record of your child's physical growth, and his or her skill development. This way you and your child's care providers can learn the growth and development pattern for your child.

Growth means an increase in body size. Your physician will be tracking your child's growth at most routine visits. Ask your physician for a copy of these records if you wish, and you may place them behind this form.

Development means an increase in skill and function. For example, this is how well your child is learning to move, talk and take care of him or herself.

Important skills to remember—list dates your child...

Held head up:	
Rolled over:	
Sat without support:	
Cruised along furniture:	
Spoke first word:	
Toilet trained bladder:	
Smiled:	
Pushed up on forearms when on tummy:	
Crawled:	
Walked without support:	
Spoke sentences:	
Toilet trained bowel:	

Many doctors, nurses or therapists perform developmental screenings. Some community programs perform them as well. This screening records what skills your child is able to achieve. If your child has had a developmental screening done, you may request a copy and file it behind this page.

Be sure to ask your care provider how your child's special health care needs will affect his or her growth and development.

Ask about special programs in your community to help with your child's developmental needs. If your child is under 3 years of age, ask specifically for the name of the local Early ACCESS Program. If your child is over 3, ask about services from the local Area Education Association.

Birth Weight:		Birth Length:	
Head Circumference:		Apgar Score:	
Was Baby Full Term?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Delivery:	Normal:		
	Breech:	Type:	
	C-Section:		
Child's condition at birth:			
Child's problems following birth:			
Length of time child was in the hospital:			
Name of hospital that child was born:			
Name of hospital that child was transferred to:			
Reason for transfer:			
Name of pediatrician/ neonatologist/specialist responsible for child's care while in hospital:			

FEEDING HISTORY

When your baby came home from the hospital, what type of food did he/she eat?

	Breast Milk				
	Regular Formula	Brand:		Calories per ounce:	
	Special Formula	Brand:		Calories per ounce:	
	Homemade	List Ingredients:			

If your baby's feeding habits changed, what was the change and why:

Y/N Breast to bottle
 Child's age _____
 Why? _____

Y/N Formula change
 Child's age _____
 What was the change? _____
 Why? _____

Y/N Bottle to cup
 Child's age _____
 Why? _____

Y/N Formula or breast milk or solid foods to Feeding (Gastric) Tube
 Child's age _____
 Why? _____

Y/N Other changes:
 Describe the change _____

Has your child experienced any of the following?

- | | | |
|--|---|---|
| Poor weight gain (less than expected for gender and age) | Y | N |
| Moderately severe to severe food allergies? | Y | N |
| Has your child had poor gain in height? | Y | N |
| Has your child had poor gain in head circumference? | Y | N |
| Has your child had frequent ear infections? | Y | N |
| Has your child had frequent vomiting or diarrhea? | Y | N |

Parent Comments _____

DENTAL HISTORY

Dentist's Name:	
Address:	
Telephone Numbers:	

- Dentist has been informed of child's medical condition and medical specialist's recommendations:

All children should have routine dental care. Such care may be even more important when your child has a special health care need. He or she may need to be seen by a dentist with special skills. Consult with your family dentist or your child's medical specialist to determine if he or she requires specialized dental services.

Before your child is examined, the dentist should have information on your child's medical condition and current care. Any precautions recommended by your child's medical specialist should be discussed with the dentist. It is also essential that you provide the dentist with a list of current medications that your child is on.

Below, you may wish to use this space provided to keep track of your child's dental appointments.

Date: _____ Appointment Information

Date: _____ Appointment Information

* Your child's first visit to the dentist should be 6 months after the first tooth erupts -- recommended by the American Academy of Pediatrics

TIP SHEET #1: PARENT TO PARENT
***Information from other parents about the process of having a
child with special health care needs***

1. Remember, as parents, YOU are the manager of your child's care.
2. Trust your instincts when it comes to the care of your child.
3. Learn to be assertive.
4. "Some things are **more difficult** now and some things are **more special** now."
5. "Grow" with all of this."
6. "Don't ever hesitate to ask for HELP."
7. You are your child's advocate. Don't EVER hesitate to ask the doctor questions or question the doctor's actions/recommendations!!