



Child's Name: _____

Does your child have a nickname? Yes No

If yes, what is it: _____

Family

Names of brothers & sisters

Birthdate

Names of others living in the home

Relationship to child

What language is spoken in your home: _____

Does your child have pets? Yes No

If yes, what are they _____

Food

Describe your child's appetite: _____

What foods does your child dislike? _____

What foods does your child like? _____

Does your child feed him/herself? Yes No

Does your child have any food sensitivities? Yes No

If yes, please identify: _____

What time does your child eat: Breakfast ____ Lunch ____ Supper ____

Self-Care

Is your child in diapers? Yes No Comment: _____

Has training begun? Yes No Comment: _____

Is your child trained? Yes No Comment: _____

Does child need help? Yes No Comment: _____

Does your child need any help with dressing? Yes No

If yes, please list: _____

Sleep

Describe your child's sleep routine (include naps & lengths of naps):

Social/Emotional Development

Does your child separate easily from you? Yes No

Please comment: _____

Is your child afraid of anything? Yes No

Please comment: _____

Does your child have a favorite toy, blanket or soother? Yes No

Please identify: _____

Does your child spend time with other children? Yes No

Please comment: _____

How does your child show feelings?

Affection: _____

Fear: _____

Frustration: _____

Anger: _____

Excitement: _____

What activities does your child enjoy? _____

What activities does your child dislike? _____

How do you handle discipline in your home? _____

What characteristics in your child's development would you like:

Encouraged? _____

Discouraged? _____

Please provide any other information relating to your child that would be helpful in understanding and caring for your child: _____

Date: ___/___/___
D M Y

Parent/Guardian signature