



Tell Us About Your Child!

Child's Name: _____ Birthdate: _____

Child's Nickname: _____

Mother's Name: _____

Father's Name: _____

Marital Status: _____ Custody Arrangement: _____

The following information will help us to understand your child and to help them in their daily schedule and developmental needs. Please leave any area blank that you would rather not answer.

1. Does your child take naps? _____

2. How long do the naps last? _____

3. Does the child fall asleep on his/her own? _____

4. What is the child's bedtime? _____

5. Does the child sleep well at night? _____

6. Does the child dress and undress himself/herself? _____

7. What words does the child use when he/she needs to go to the bathroom? _____

8. What is the child's favorite play activity? _____

9. What are the child's favorite foods? Does the child self-feed? _____

10. Are there any foods that the child should not be allowed to eat for medical reasons? Other allergies? Textural Aversions? _____

11. Does the child have any special fears? _____

9. How does the child prefer to be comforted? _____

12. Does the child have any problems that the teacher should be aware of? _____
