



<p>Name that your child likes to be called:</p>  <p>Siblings/Ages:</p>  <p>Pet(s) Name:</p>	<p>Language(s) your child speaks:</p>  <p>Favorite Books:</p>  <p>Favorite Activities:</p>
<p><u>Diapering (Toddler I, Toddler II)</u></p> <p>Is your child potty-trained? ___yes ___no</p> <p>Is your child prone to diaper rash? Yes No</p> <p>If yes, did you provide diaper cream for child? _____</p> <p>Special Instructions regarding application of diaper cream?</p>	<p>Please list any dietary or other conditions that would cause your child's stools to be abnormal even when (s)he is in good health?</p>
<p>Describe your child's personality.</p>	<p>What is your child's experience with group activities? (preschool, story hour, Sunday school, Nursery school)</p>
<p>List any topics your child might be interested in learning about. (i.e. space, planets, animals, bubbles)</p>	<p>What terms does your child use when communicating (s)he has to use the restroom?</p>  <p>What is your child's sleep pattern/nap routine?</p>
<p>Is there anything else you would like us to know about your child or family that will guide us in our understanding of your child?</p>          <p>What do you hope to have your child accomplish while in our program? (i.e. self-control, letter knowledge, counting skills, social skills etc.)</p>	<p>Does your child have difficulty separating from you? What can we do to comfort them or make transition easier? (special blanket, song, animal, lovey, etc.)</p>          <p>What are your child's eating habits or anything you would like us to know about meal times? ( do they eat slow, need reminders to chew)</p>



<p>Name that your child likes to be called:</p> <p>Siblings/Ages:</p> <p>Pet(s) Name</p>	<p><u><i>Comfort Techniques</i></u></p> <p>What techniques do you find are most effective for calming your child when he/she is upset (rocking, singing a special song, etc.)?</p> <p>Does your child use a ___ pacifier or ___ suck thumb? Special directions? (only at naps, etc)</p>
<p>Child's Personality and Special Instructions: (easily stimulated, needs quiet environment, peek-a-boo, toys that make noise)</p>	<p><u><i>Diet and Eating Habits</i></u></p> <p>Is your child on ___ breast milk or ___ formula? Does your child prefer their milk ___ warm? ___ @ room temp? How many oz. does your baby typically consume at feedings? _____ How many hours between feedings _____</p> <p>Is your child on ___ infant cereal or ___ pureed solids (baby food)? _____ How much does your child typically eat at each meal? _____</p> <p>Please list any additional information your child's teacher might need to know about your child's eating habits or meal preparations?</p>
<p><u><i>General Communication</i></u></p> <p>Primary Language spoken in the home _____</p> <p>Does your child have special words or gestures to communicate things that the teacher might not readily understand? If so, explain:</p>	<p>Do you follow a ___ baby-led schedule or ___ time-led schedule?</p> <p>Please write down a typical day for your child with general nap times and feeding times? (use back if needed)</p>
<p><u><i>Sleeping Habits</i></u></p> <p>Does your child like to be swaddled? Yes ___ No ___</p> <p>Does your child sleep with anything special? (i.e blanket, stuffed animal, etc.) no ___ yes ___ please list _____</p> <p>When does your child typically nap?</p> <p>How long? (mins/hrs) _____</p>	<p>What is your normal routine for putting baby down for naps? (rocking, and lullabies, patting in crib, etc.)</p> <p>Learning Goals:</p>