

TELL US ABOUT YOUR CHILD

Child's Name _____

What would you like us to call your child? _____

If you would like to, please tell us about the people who live in the home with the child. _____

What should we know about your child's health? _____

Does your child have any allergies? If yes, what is your child allergic to? _____

What are the symptoms? _____

How severe? Is there an antidote? _____

Does your child take any medicine regularly, if yes, what? _____

Do you have any concerns about your child that you want to tell us about? _____

Does your child have a disability that has been diagnosed? _____

Food

What do you want us to know about your child's feeding and eating patterns? _____

How do you feed him or her? _____

If your child is eating solid foods _____

Are there any food restrictions? _____

What are his or her likes, and dislikes? _____

Does your child feed him or herself? _____

How? Eat with fingers? Use a spoon? Use a fork? Use chopsticks? Drink out of a cup? _____

Do you have any concerns about your child's feeding that you want us to know about? _____

Do you have any feeding rituals that you want to tell us about? _____

Diapering and Toileting

If our child is in diapers, do you use cloth or disposable diapers? _____

If old enough how does your child indicate bathroom needs? _____

What words does he or she use? _____

Is he or she toilet trained? _____

If not, what are your ideas about when and how to begin? _____

Sleeping and Napping

What are your child's sleeping patterns? _____

What do you want us to know about how you put your child to sleep? _____

Does your child have a favorite toy or item he or she uses for comfort? _____

Is there anything in particular that frightens your child? _____

How do you comfort your child? _____