



## About Your Child

1. What FOODS does your child especially like? Dislike?  
\_\_\_\_\_
2. Favorite toys, games, activities?  
\_\_\_\_\_
3. Is your child TOILET TRAINED? \_\_\_\_\_ What words does your child use for toilet?  
\_\_\_\_\_
4. How does your child express ANGER or frustration?  
\_\_\_\_\_
5. Does your child have any special FEARS?  
\_\_\_\_\_  
\_\_\_\_\_
6. When your child is upset, what helps to COMFORT him/her?  
\_\_\_\_\_
7. Has your child been taking an afternoon NAP? \_\_\_\_\_ If so, how long? \_\_\_\_\_
8. Does your child have a special toy or blanket for NAP?  
\_\_\_\_\_
9. Special FAMILY situations? (*such as custody specifications, problems arising from situations, etc.*)  
\_\_\_\_\_  
\_\_\_\_\_
10. Anticipated ADJUSTMENT problems?  
\_\_\_\_\_
11. Any developmental concerns (slow, advanced) diagnosed or suspected?  
\_\_\_\_\_
12. Previous childcare child has attended:  
\_\_\_\_\_
13. Any problems at previous daycare?  
\_\_\_\_\_
14. Other COMMENTS?  
\_\_\_\_\_