



Individual Child Plan

Child's Name: _____ Birthdate: _____

Parent/Guardian: _____ Date Completed: _____

The information contained herein is for CONFIDENTIAL USE ONLY.

Development in Early Childhood

1. At what age did your child begin to talk? _____

Primary Language Spoken _____

2. At what age did your child begin to walk? _____

3. Was your child born at full-term? If not, please explain. _____

4. Is your child adopted? _____ If yes, does he/she know? _____

5. Is your child toilet trained? _____ If yes, does our child need help using the bathroom? Be specific. _____

6. Does your child need reminders to use the bathroom? _____

7. Does your child take a nap? _____ If yes, how long? _____

8. Does your child need anything special to fall asleep? (book, stuffed animal, blanket) _____

9. Has your child's pediatrician ever expressed a concern about your child's development? Please explain.

10. Does your child have any speech, language, or hearing concerns? Or other concerns? Please explain.

Eating Habits

1. Is your child able to feed him/herself? _____
2. What are your child's favorite foods? _____
3. What food does your child dislike? _____
4. Please list any foods your child should not have. Please indicate whether the reason is medical or religious. _____

Play and Social Experience

1. Has your child ever participated in group experiences? If yes, how long and where? _____

2. Would you consider your child shy, somewhat outgoing, or outgoing? Please explain. _____

3. How does your child relate to other children? Adults? _____

4. Does your child prefer to play alone or with others? _____
5. Is there anything your child is consistently afraid of? _____ If yes, please explain. _____

6. What are your child's favorite activities, toys, interests, etc? _____

7. How often do you read to your child? What are some of his/her favorite books? _____

8. What type of discipline do you use at home? _____

9. Do you consider your child to be (circle one)
Easy to manage, fairly easy to manage, challenging to manage
10. What are some things you are working on with your child at home? _____



11. What are some physical activities your child enjoys? _____

12. Please list some things your child does well. _____

13. Please list activities your child may have difficulty with and why. _____

14. Will your child require any special equipment or adaptations to our program? If so, what? _____

15. Please list any holidays your child is **not** permitted to celebrate _____

This information is intended for use by Happy Acres Preschool, developed in cooperation with the parents. **This is NOT intended to be a legally binding contract.**

Signatures:

Parent/Guardian: _____ Date: _____

Provider: _____ Date: _____

Updates (initial):

Parent/Guardian: _____ Date: _____ Parent/Guardian: _____ Date: _____

Provider: _____ Provider: _____

Parent/Guardian: _____ Date: _____ Parent/Guardian: _____ Date: _____

Provider: _____ Provider: _____