



# Child Information

Please tell us a little about your child:

## Social Relationships

Has the child had play experience with other children? \_\_\_\_\_

Has child been in a daycare/preschool setting? Yes No Where? \_\_\_\_\_

By nature is your child (circle one) : Friendly/ Outgoing Active/ Energetic Passive/ Quiet

Explain: \_\_\_\_\_

## Eating Habits

Child feeds self? (circle one) Yes No Does he/she eat with spoon, fork or hands?

\_\_\_\_\_

General attitude towards eating? \_\_\_\_\_

Special likes? \_\_\_\_\_

Dislikes? \_\_\_\_\_

Dietary Restrictions? \_\_\_\_\_

## Toileting

Is your child still in diapers for the most part? \_\_\_\_\_

Trained at \_\_\_\_\_ months. Does he/she still have occasional accidents?

\_\_\_\_\_

Is your child fully responsible for his/her own toileting? \_\_\_\_\_

If not, what assistance is needed? \_\_\_\_\_

How does your child make it known if he/she needs to go to the bathroom?

\_\_\_\_\_

To what degree does your child dress him/herself? \_\_\_\_\_

## Sleeping

Sleeps from \_\_\_\_\_ to \_\_\_\_\_ Afternoon nap? \_\_\_\_\_ How long: \_\_\_\_\_

What is his/her mood upon awakening? \_\_\_\_\_

What methods have been useful in helping your child fall asleep?

## Behavior

Methods parents find most effective in dealing with good behavior?

\_\_\_\_\_

Methods parents find most effective in dealing with misbehavior?

\_\_\_\_\_