



## TELL US ABOUT YOUR CHILD

Child's Name \_\_\_\_\_

Is English the primary language spoken at home? \_\_\_\_\_ If no, what language is? \_\_\_\_\_

Does he/she talk? Well? \_\_\_\_\_ Fairly well? \_\_\_\_\_ Not very well? \_\_\_\_\_ At all? \_\_\_\_\_

Which describes your child? Active Quiet Friendly Shy Assertive

### EATING HABITS:

Does child feed him/herself? \_\_\_\_\_

Food allergies? \_\_\_\_\_

Other known allergies? \_\_\_\_\_

Food restrictions? \_\_\_\_\_

### BEDTIME HABITS:

Sleeps at night from \_\_\_\_\_ to \_\_\_\_\_ AND Naps from \_\_\_\_\_ to \_\_\_\_\_

Attitude toward going to bed? \_\_\_\_\_ Does your child sleep in a crib? \_\_\_\_\_

### BATHROOM HABITS:

Is your child potty trained? \_\_\_\_\_ Does he/she take himself to the bathroom? \_\_\_\_\_

Does he/she tell you when he needs to go to the toilet and go willingly? \_\_\_\_\_

Can he/she manage his clothes himself at the toilet? \_\_\_\_\_

What word does he/she use for urinating? \_\_\_\_\_

What word does he/she use for bowel movement? \_\_\_\_\_

Any other information or concerns you have regarding your child you would like for us to know?

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date