

All About Me



Child's Name: _____

Date of Birth: ____/____/____

Country of Birth: _____

Language spoken at Home: _____

Child's Position in Family: _____

Siblings Names: _____

Age: _____



Age: _____

Age: _____

Has there been any changes that may have affected your child (i.e. new baby, moving, illness in family, parent information?) _____



Sleeping Habits

When and how long does your child sleep during the day? _____

Does your child have a security item? (i.e. dummy, blanket) _____

Nappies & Toileting

Is your child toilet trained?

Yes No

Does your child need assistance when using the toilet?

Yes No

Does your child wear a nappy to sleep?

Yes No



Social Experiences

What experience has your child had of being separated from you? _____

What was your child's reaction to separation? _____

Do you have any pets?

Type: _____

Name: _____

Type: _____

Name: _____

Type: _____

Name: _____



Interests

What are your child's favourite activities?

Indoors: _____

Outdoors: _____

Are you happy for your child to join in with messy play? Yes No



Other Information

Does your child suffer from any allergies or intolerances? Yes No

If 'Yes' please provide details of allergies/intolerances: _____

Do you have any concerns about your child's:

Speech Development Yes No Hearing Yes No

Behaviour Yes No Sight Yes No

Other:

If 'Yes' have you accessed support from any of the following services:

Speech Pathologist Yes No Audiologist Yes No

Occupational Therapist Yes No Psychologist Yes No

Dietician/Paediatrician Yes No Other: Yes No

ECIS (Early Childhood Intervention Services) Yes No

If 'Yes' but have not accessed support from any of the above services can we help you? Yes No

