

## Learner's Crewhouse Development Center

### About Your Child

1. What FOODS does your child especially like? \_\_\_\_\_

2. Especially DISLIKE? \_\_\_\_\_

3. Favorite toys, games, activities? \_\_\_\_\_

4. Is your child TOILET TRAINED? \_\_\_\_\_ What words does your child use for toilet? \_\_\_\_\_

5. How does your child express ANGER or frustration? \_\_\_\_\_

6. Does your child have any special FEARS? \_\_\_\_\_

Explain \_\_\_\_\_

7. When your child is upset, what helps to COMFORT him/her? \_\_\_\_\_

8. How do you DISCIPLINE your child? \_\_\_\_\_

9. Has your child been taking an afternoon NAP? \_\_\_\_\_ If so, how long? \_\_\_\_\_

If not, why? \_\_\_\_\_

10. Special toy or blanket for NAP? \_\_\_\_\_

11. Special FAMILY situations? ( *such as custody specifications, problems arising from situations, etc.*) \_\_\_\_\_

\_\_\_\_\_

12. Anticipated ADJUSTMENT problems? \_\_\_\_\_

\_\_\_\_\_

13. Any disorders/developmental (slow, advanced) diagnosed or suspected? \_\_\_\_\_

\_\_\_\_\_

14. Do your child have any special health concerns/needs? \_\_\_\_\_

15. Do your child have a IFSP/IEP \_\_\_\_\_

16. If so may we have a copy of it \_\_\_\_\_

\_\_\_\_\_

17. Other COMMENTS? \_\_\_\_\_