

## About Your Child

1. What *FOODS* does your child especially like?

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2. Especially *DISLIKE*?

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3. Favorite toys, games, activities, characters?

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

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5. How does your child express *ANGER* or frustration?

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6. Does your child have any special *FEARS*?

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

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8. How do you *DISCIPLINE* your child at home?

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

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

**10. Special toy, pacifier, blanket or comfort (patting/rubbing) back for NAP?**

\_\_\_\_\_

**11. Special FAMILY situations? (such as custody specifications, etc.)**

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**12. Anticipated ADJUSTMENT problems?**

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

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**14. Any problems at previous daycares?**

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**17. Other COMMENTS:**

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