

Getting Acquainted with Your Infant

Child's Name: _____ Nickname: _____

Home

Child lives with (check all that apply)

Mother Father Stepparent Foster parent

Other(s) _____

Siblings (names, ages): _____

Pets: _____

Ethnicity: _____ Home Language: _____

Social/Emotional

Opportunities your child has to interact with other children: _____

Does your child have a favorite blanket or toy? Y N If yes, please describe _____

Does your child carry the toy or blanket around with them at home? Y N

Does child use pacifier throughout the day at home? Y N

Describe your child (circle all that apply):

Outgoing

Easily scared

Strong-willed

Easily contented

Busy

Passive

Fussy

Laid back

Snuggle bug

How do you comfort your child? _____

Has your child developed any fears?

dark loud noises strangers animals being alone others: _____

Eating Habits

Does your child eat well? Y N If no, please explain _____

Does your child feed self? _____ How does your child drink? bottle sippy cup

Specific food likes: _____ dislikes: _____

How does your child feed? sitting on lap in high chair in a bouncy seat

Describe child's mealtime (i.e. eat as family, separately, at table, etc.)

Sleeping Habits

When does your child typically wake? _____ Go to bed? _____

Does your child typically sleep through the night? Y N Use a pacifier while sleeping? Y N

When does your child typically nap? _____

Describe your child's naptime routine: _____

Describe your child's bedtime routine: _____

Does your child sleep with a special blanket of stuffed animal? _____

Where does your child sleep? _____

Physical/Cognitive

Was your child born premature (____months) early on time late ?

When has your child met developmental milestones? early on time delayed very delayed

Does your child have an Individualized Family Service Plan? Y N

If yes, a pre-enrollment conference will be scheduled to discuss implementation of IFSP.

A copy of current IFSP must be provided to The Learning Community.

What are your child's favorite activities: _____

Does your child have any Mongolian Spots? Y N

If yes, describe location and shape. _____

Health

Know allergies, reaction and treatment: _____

Medical Conditions: _____

Medications taken on a regular basis: _____

Special Instructions

Other information about your child that will assist in his/her care:
