

Getting Acquainted with Your Toddler/Two

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

Rambunctious

Quiet/shy

Aggressive

What discipline/guidance strategies do you utilize at home?

Does your child express his or her emotions?

How do you comfort your child?

Does your child have any strong fears? If yes, please list _____

What tasks can your child complete independently?

Eating Habits

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

Does your child feed self? _____ Does your child use utensils? Y N occasionally

Known food allergies: _____

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 or stuffed animal? _____

Where does your child sleep? _____

Physical/Cognitive

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: _____

What are your child's special interests: _____

Is your child toilet trained? Not ready Working on it Yes, but needs reminders

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:
