



## **Additional Information for Toddlers and Preschool Children**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Food**

What are your child's eating habits? \_\_\_\_\_

\_\_\_\_\_

What type of foods does your child like/dislike? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

\_\_\_\_\_

Does your child feed himself / herself? \_\_\_\_\_

\_\_\_\_\_

### **Sleep**

Describe your child's sleep routine (include naps & lengths of naps):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Potty Training

Is your child in diapers? ☐ Yes ☐ No Remarks: \_\_\_\_\_

Is your child potty trained? ☐ Yes ☐ No Remarks: \_\_\_\_\_

If yes, does your child require assistance with using the potty? ☐ Yes ☐ No

Remarks: \_\_\_\_\_

## Social/Emotional Development

Circle the personality traits which describe your child:

<b>Shy</b>	<b>Independent</b>	<b>Outgoing</b>	<b>Talkative</b>
<b>Friendly</b>	<b>Assertive</b>	<b>Happy</b>	<b>Dependent</b>
<b>Impulsive</b>	<b>Quiet</b>	<b>Stubborn</b>	<b>Attentive</b>
<b>Emotional</b>	<b>Other:</b> _____		

Does your child separate easily from you? ☐ Yes ☐ No

Comments: \_\_\_\_\_

Is your child afraid of anything? ☐ Yes ☐ No

Comments: \_\_\_\_\_

Does your child have a favorite toy, blanket or soother? ☐ Yes ☐ No

Please identify: \_\_\_\_\_

Does your child enjoy spending time with other children? ☐ Yes ☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_

\_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

\_\_\_\_\_

Please provide any other information relating to your child that would be helpful in understanding and caring for your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date