Getting to Know Your Child and Your Family

General Information:

Child's Name: _____ Date: _____

Mother's Name _____ Father's Name: _____

What would you like us to call your child? _____

If you would like, please tell us about the people who live in the home with the child: _____Mom & Dad_____

_____

Health:

What should we know about your child's health? (current health issues)_____

_____

Does your child have a disability that has been diagnosed? If yes, what is the disability? _____

_____

Does your child take any medicine regularly? If yes, what kind?

_____

Does your child have any allergies? If yes, what kind? _____

How severe are his/her allergies? _____

Does your child have a recurring chronic illness? If yes, what kind?

_____

What health problem(s) has your child had in the past?

_____

Has your child ever been hospitalized? If yes, what for?

_____

Does your child have any other health concerns that you want to tell us about?

_____

Food:

What do you want us to know about your child's feeding patterns?

_____

How do you feed him/her?

_____

Do you have any feeding or mealtime rituals that you want to tell us about?

_____

If your child is eating solid foods:

- Are there any food restrictions?

  _____

- What are his/her likes and dislikes?

  _____

- Does your child feed him/herself? If yes, how? Does he/she eat with fingers? Use a spoon? Use a fork? Use chopsticks? Drink out of a cup?

  _____

Do you have any other concerns about your child's feeding that you want us to know about?

_____

Diapering and Toileting:

If your child is in diapers, do you use cloth or disposable diapers? _____

Is your child toilet trained? _____

- If yes, how does your child indicate his/her bathroom needs? What words does he/she use to describe using the bathroom? _____

  _____

- If no, what are your ideas about when and how to begin? _____

  _____

Sleeping and Napping:

What do you want us to know about how to put your child to sleep?

_____

What are your child's sleeping patterns?

_____

Does your child have a favorite toy or item he/she uses for comfort? (e.g. blanket, stuffed animal, doll)

_____

Is there anything in particular that frightens your child?

_____

How do you comfort your child?

_____

Home Language:

What languages are spoken in your home?

_____

Development:

Compared to other children that are his/her age, does your child have problems with any of the following things? (If yes to any, please explain)

Talking or Making Sounds:

_____

Walking, Running, or Moving:

_____

Seeing:

_____

Using Hands:

_____

Social Relationships and Play:

Does your child play well alone? _____

Does your child play well with other children? _____

What ages are your child's most frequent playmates? _____

Who does most of the disciplining at home?

_____

What is the best way to discipline your child?

_____