Form 2

TELL US ABOUT YOUR CHILD

Child's Name _____

What would you like us to call your child? _____

If you would like to, please tell us about the people who live in the home with the child. _____

_____

What should we know about your child's health? _____

_____

Does your child have any allergies? If yes, what is your child allergic to? _____

_____

What are the symptoms? _____

_____

How severe? Is there an antidote? _____

_____

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

_____

Do you have any concerns about your child that you want to tell us about? _____

_____

Does your child have a disability that has been diagnosed? _____

_____

Food

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

_____

How do you feed him or her? _____

_____

If your child is eating solid foods

- Are there any food restrictions? _____
- What are his or her likes, and dislikes? _____

  _____

- Does your child feed him or herself? _____
- How? Eat with fingers? Use a spoon? Use a fork? Use chopsticks? Drink out of a cup?

_____

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

_____

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

_____

Diapering and Toileting

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

If old enough

• how does your child indicate bathroom needs? _____
  _____

• What words does he or she use? _____
  _____
  _____

• Is he or she toilet trained? _____
  If not, what are your ideas about when and how to begin? _____
  _____
  _____

Sleeping and Napping

• What are your child's sleeping patterns? _____
  _____

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

• Does your child have a favorite toy or item he or she uses for comfort? _____
  _____

• Is there anything in particular that frightens your child? _____
  _____
  _____

• How do you comfort your child? _____
  _____
  _____

Home Language

What do you want us to know about who speaks what language in your home? _____
_____

If you had a choice, what language(s) would you want your child to hear and speak in the program?
_____

If your home language is not the language spoken in the program, do you want to teach us some key words in your language? _____
_____

What else do you want us to know about you and your child? _____
_____
_____