

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? _____

