

GETTING TO KNOW YOU

Child's Name _____
Email Address _____

Date of Birth _____
Date completed _____

Birth Experience and Medical History:

1. Was your child born prematurely (before 37 weeks) and/or were there any complications?
If yes, please describe _____
Birth Weight _____
2. Does your child have frequent illnesses, been treated for any serious illness, been hospitalized for any reason, or have any diagnosed medical conditions?

3. Does your child have any food or environmental allergies or sensitivities? Routine medication? Any dietary restrictions?

4. Does your child have an atypical response to immunizations? _____

Developmental History:

1. Does your child have any birth defects or identified developmental delays?

Is your child receiving any developmental therapy or other services?

2. Has your child met his age-appropriate developmental milestones? If no, please describe.

Home Language: _____
3. Please describe your child's daily routines and any assistance needed.
Wake-up routine: _____
Breakfast: _____
Lunch: _____
Dinner: _____
Toileting/Diapering: _____
Nap: _____
Bedtime: _____ Hours of sleep at night _____
3. How does your child comfort themselves if they are upset? Does your child have a lovey? (Loveys are only appropriate at school for those under age 2)

5. How is challenging behavior addressed with your child? _____

6. Does your child have any fears, insecurities or, sensory differences? Please describe.

7. Does your child enjoy new toys, new experiences, meeting new people, and exploring new places?
Please describe.

Please describe your child's play: _____

Please describe your child's social activities: _____

8. What are the strengths of your child? _____

9. What is difficult for your child? _____

10. What are your expectations for your child? _____

11. Please describe any special needs in your child's daily routines and how they are met.

Feeding: _____

Sleeping: _____

Diapering/Toileting: _____

Other: _____

Social History:

1. Who are the important people in your child's home? What are the names your child uses for them?

Dad's occupation: _____ Mom's occupation: _____

2. List other important people in your child's life and your child's name for them. _____

3. Is this your child's first child care experience? If not please describe other child care situations.

4. Have there been any significant changes recently in your child's world (i.e. parent's marital status, change of Caregiver, illness or death in the family, change in address? Please describe.

Does your child live in more than one home environment? Please describe.

5. Is there anything else you want to say about your child or do you have any other concerns?
