



(9) ABOUT MY CHILD

Name of Child: _____ Nickname: _____

NAPS

Naps usually last for _____ minutes/hours.

Will cry or fuss before going to sleep? **YES NO SOMETIMES**

Will cry during sleep? **YES NO SOMETIMES**

Has a favorite toy/blanket that he/she must sleep with? **YES NO**

FOOD

Is your child a picky eater? **YES NO**

If the food is a favorite, will eat well? **YES NO**

Eats nearly everything, but is a light eater? **YES NO**

Sometimes likes a food, then the next day, won't eat it? **YES NO**

DRINKING BEVERAGES

Drinks well throughout the day? **YES NO**

Drinks throughout the day, but small amounts? **YES NO**

Doesn't drink much at all? **YES NO**

PHYSICAL ACTIVITY

Is your child prone to falling, i.e., gets a lot of boo-boos? **YES NO**

Does your child get very emotional even if injury is quite minor? **YES NO**

Which describes your child best: **FEARLESS CAUTIOUS**

POTTY TRAINING

Has your child begun potty training? **YES NO**

If yes: **(VERY WELL) (INCONSISTENT) (WAS OKAY, THEN STOPPED) (2 STEPS FORWARD, 1 STEP BACK)**

YOUR TYPICAL SCHEDULE:

Drop off in the morning will be _____ a.m.

In the morning, I will be coming from _____ (city? neighborhood?)

Pick up in the evening will be _____ p.m.

In the evening, I will be coming from _____ (city? neighborhood?)

Family members will pick up the child: **SOMETIMES RARELY NEVER REGULARLY**