

# GETTING TO KNOW YOUR TODDLER / PRESCHOOLER



## EATING PATTERNS

Is your child usually hungry at meal times?  Yes  No    Between Meals?  Yes  No

What are your child's favorite foods? \_\_\_\_\_

What foods does your child refuse? \_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_

Does your child eat with a spoon?  Yes  No    Fork?  Yes  No    Hands?  Yes  No

Is your child right or left handed?  Right  Left  Both

Any additional notes about your child's eating / dietary habits / restrictions:

## TOILET PATTERNS

Can your child be relied upon to indicate toileting wishes?  Yes  No

What word is used for urination? \_\_\_\_\_    Bowel Movement? \_\_\_\_\_

Does your child need to go more frequently than is usual?  Yes  No

Is he / she frightened of the bathroom? \_\_\_\_\_

Does he / she have accidents?  Yes  No

Does your child need help with toileting? \_\_\_\_\_

Does your child wet the bed at night?  Yes  No

Does he / she wear a pull-up/diaper to bed?  Yes  No

## SLEEPING / NAPPING

Does your child take naps?  Yes  No    If so, from \_\_\_\_\_ to \_\_\_\_\_

If not, does your child generally have quiet time?  Yes  No

If applicable, what does your child generally do during his / her quiet time?

Does your child use a special toy / comfort item/blanket when napping?  Yes  No

If so, what is that item? \_\_\_\_\_

Does your child sleep in a bed or crib at home? \_\_\_\_\_

## SOCIAL / EMOTIONAL

Does your child often play with other children?  Yes  No

How does he / she interact? \_\_\_\_\_

Does your child share easily? \_\_\_\_\_

Does your child enjoy reading books?  Yes  No    Listening to music?  Yes  No

What makes your child smile automatically? \_\_\_\_\_

What makes your child upset or afraid? \_\_\_\_\_

What is his / her favorite color? \_\_\_\_\_

What form of discipline do you use at home? Timeout, break, time in bed, etc.

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If you could describe your child in 3 words, what would they be?

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Please provide a brief description of your child's:

Physical Appearance: \_\_\_\_\_

Personality: \_\_\_\_\_

Abilities: \_\_\_\_\_

How does your child communicate? \_\_\_\_\_

Please add any additional information:

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**RELATIONSHIPS, FAMILY, CUSTOMS, AND SOCIAL / EMOTIONAL INFORMATION**

What are your child's favorite toys and/or activities?

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How does your child interact with others?

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Are there things that your child does not like that may make him or her feel upset / angry?

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Is there anything your child is afraid of?

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Does your child enjoy listening to stories?

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Does your child have a favorite song to sing at home?

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Are there any other languages spoken at home other than English?

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Are there any cultural or special customs or traditions that your family celebrates at home?

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What are some effective ways for comforting your child?

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Parent / Guardian Signature

Relationship to Child

Date