

What Makes My Child Special!

Child's name: _____ Name my child goes _____

Previously, my child was cared for ___ in a home day care setting ___ at another center
___ at home with parent ___ by a relative, friend, or neighbor

There were ___ other children around my child most of the day.

I would say that his/her day was relatively structured/ unstructured (circle one).

In a new situations my child tends to: _____

Any allergies or special needs: _____

Is your child potted trained? ___ what does your child say when he/she wishes to use the
restroom? _____

Does your child need help: dressing/undressing ___ eating ___ washing hands ___
toileting ___?

Does your child any special fears or problems?

Sleep

My child generally dose/ does not take ___ nap(s) during the day. They each last around
___ hours.

Special sleep items (doll, blanket etc.) _____

Special hints to help at nap: _____

Eating

My child has special dietary needs (please
list): _____

My child has food allergies to: _____

Special hints/concerns regarding mealtime: _____

Family Practices

Child rearing practices that you should know about: _____

Our family values and beliefs: _____

Our family likes to do the following activities:

Family cultural practices: _____

Other

Does your child have any friends/acquaintances at this center? (circle one) yes or no

If yes, who are they? _____

What do you consider are your child's strengths? _____

Explain your child's likes and dislikes _____