

Toddler Confidential Child Profile

The following information remains confidential between the parent and the school. This document will be returned to the family upon request or destroyed when the family leaves the school. Only information provided in required school enrollment forms will be entered into a database.

Date _____

Child's Name _____ Sex m f Birth Date _____

Parent Names _____
(mother) (father)

Child lives with _____

Birth Information

Was child full term or premature? _____ If the birth was premature, at what month was birth? ____

Complications during or developmental problems noted at birth _____

If the child was adopted, provide as much information above as is known and

Age at adoption _____ Country of adoption _____

Environmental or developmental challenges for child prior to adoption? _____

Developmental

Child rolled over at (months) _____ Sat alone _____ Crawled _____ Walked _____

Describe child's current speaking ability? _____

History of illness: Has child had recurring colds, ear infections, or illness that required treatment?

Pacifier use _____ or thumb sucking _____: Current practice _____

Toileting:

Describe your child's use or non use of toilet. _____

Daily Routines

Sleep routine:

Naps regularly? Y N Length _____

Usually sleeps # of hours per night _____ Usual time of bed _____ time wakes _____

Does child wake self? Y N Does child calm self when going to sleep or waking? Y N

Describe nap and/or bedtime routine:

Eating routine and habits:

Describe child's type of eating habits:

What are typical meal times: breakfast _____ lunch _____ dinner _____ typical snack times _____

Does child eat with family at any of the meals? Y N Which ones? _____

Identify food allergies _____

Food groups child prefers _____ dislikes _____

Dressing:

Does your child attempt to undress and dress self? _____ Describe child's ability in this

area. _____

Family Life

Siblings (age/sex) if any _____

Does child play or entertain self comfortably for periods of time (explain)

Describe T.V., Computer, Video/DVD or other types of entertainment use

Pets in the house and child's relationship with the pets _____

Describe child's play routines (with parents, with similar age friends/relatives, with other relatives, types of play inside and outside, games/toys preferred)

Does child like to have books read? _____ Who usually reads to child?

Typical schedule for reading _____

Is child involved in any other activities such as little gym or story hour? _____

Personal Characteristics

How does child express frustration or anger?

Describe child's experience separating from parents (at church, with relatives, with babysitters)

Does child have tantrums? Please explain and describe.

How child is best comforted when upset, angry, frustrated or afraid?

How would you describe your child's personality?

Describe your child's special interest and likes

Is there anything else that would help us to know your child better?

Person completing this form:

_____ Date: _____