



## Additional Information for Toddlers and Preschool Children

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Food

What are your child's eating habits? \_\_\_\_\_

\_\_\_\_\_

What type of foods does your child like/dislike? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Does your child feed himself / herself? \_\_\_\_\_

\_\_\_\_\_

### Sleep

Describe your child's sleep routine (include naps & lengths of naps):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Potty Training

Is your child in diapers?  Yes  No Remarks: \_\_\_\_\_

Is your child potty trained?  Yes  No Remarks: \_\_\_\_\_

If yes, does your child require assistance with using the potty?  Yes  No

Remarks: \_\_\_\_\_

## Social/Emotional Development

Circle the personality traits which describe your child:

**Shy**

**Independent**

**Outgoing**

**Talkative**

**Friendly**

**Assertive**

**Happy**

**Dependent**

**Impulsive**

**Quiet**

**Stubborn**

**Attentive**

**Emotional**

**Other:** \_\_\_\_\_

Does your child separate easily from you?  Yes  No

Comments: \_\_\_\_\_

Is your child afraid of anything?  Yes  No

Comments: \_\_\_\_\_

Does your child have a favorite toy, blanket or soother?  Yes  No

Please identify: \_\_\_\_\_

Does your child enjoy spending time with other children?  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_

\_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

\_\_\_\_\_

Please provide any other information relating to your child that would be helpful in understanding and caring for your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date