All About Me (18 months and older)

Child's Name:			Date of Birth:				
<u>Family</u>							
	he child's fath	er live in th	e same home as the o	child?	Yes	_ No	
			he same home as the			No	
			s? If so, what ages?				
4. Do oth	Do other family members or friends live at home with the child? If so, who?						
Feeding							
5. Are the	re any foods y	our child is	allergic to?				
6. Are the	re any foods y	ou do not f	eed your child?				
7. Are the	ere any foods	your child v	vill not eat?				
8. What d	oes your child	drink?	Cow's Milk				
			Soy Milk*				
			Almond Milk^	Yes	No_		
	(*Pareı	nt signed fo	orm required. ^Docto	r signed	form req	uired.)	
9. Does y	our child drink	k from a cu	p?		Yes	No	
10. Does y	our child use s	silverware?			Yes	No	
11. What is	s your child's t	typical daily	eating pattern? Plea	se includ	de approx	imate time and	
typical	food.						
Breakf	ast:						
Lunch:							
Afterno	oon Snack:						
<u>Sleeping</u>							
12. Does y	our child sleep	o during the	e day?		Yes	No	
If yes,	when?		_ to				
			_ to				
13. Do you	ı have any spe	ecial ways o	f helping your child fa	all asleep	?		
14. Does yo	our child need	a special b	lanket or toy to fall as	sleep?			
Tailet Habita						_	
Toilet Habits	ır child trainad	l to uso the	toilet without adult b	oln2	Voc	No	
•			toilet without adult he	eihi	-	No	
			peing toilet trained?		-	No	
ır yes,	, piease explai	n					

velo	opmental History		
18.	At what age did the child begin to crawl?		
	At what age did the child begin walk?		
20.	At what age did the child begin to talk?	Yes	No
21.	Has the child had group care experience?		
22.	Please describe how your child acts in a group play situation.		
	(Check all that apply)		
	 Nervous, worried 		
	 Hyper, restless, can't sit still 		
	 Pushy, bullies others 		
	 Relaxed, calm 		
	 Social, friendly 		
	 Shy, withdrawn, keeps to self 		
	 Gets angry easily 		
	 Scared, fearful 		
23.	Does the child have any special problems or fears?		
24.	What are you child's favorite activities or toys?		
25.	How do you discipline your child?		
26.	How do you comfort your child?		
Oth (Is	ner there anything else we should be aware of?)		