

Sleeping skills:

What time does your child go to bed? _____ Get up? _____
Does your child nap? _____ How long? _____ When? _____
Does your child have a special naptime routine/lovie item? _____

Toileting skills:

Is your child completely toilet trained? _____ Urinate _____ Bowel Movements _____
If not, what does your child wear? _____ disposable diapers _____ cloth diapers _____ pull-ups
_____ underwear with plastic pants other _____
How often does your child go to the restroom? _____
Does he need reminded? _____ Will he tell you he needs to go? _____
What words do you use for: going potty _____ Bowel movement _____
male private areas _____ female private areas _____
Does your child have loose bowels after eating certain foods? If so, what foods? _____

Dressing skills: Does your child need help with any of the following?

Shoes _____ Socks _____ Boots _____ Coat _____
Mittens _____ Pants _____ Shirt _____

Emotional Health: Does your child have any of the following fears?

Animals _____ Dark _____ Bathroom _____ Storms _____
Bugs _____ Loud sounds _____ Vacuums _____
Other _____

Does your child use a pacifier or suck her thumb? _____ If so, what is your family view on
this? (only at naptime, whenever upset, trying to stop, etc.) _____

What helps your child calm down if upset? _____

Health:

Does your child have any health issues or special needs? _____

Does your child take any medications? _____

Does your child have any allergies or intolerances? _____

What protocol do we follow if your child starts to react to an allergen (i.e. Epipen, medication)? *There must be a
physician's order on file for any treatment required beyond basic first aid.* _____

Any other information we should know in order to help us know your child better? _____

Guardian Signature _____ **Today's Date:** ____/____/____