Getting to Know Your Child

Basic Information
1. What is your child's full name and nickname (if any)? _____
2. What is your child's date of birth and age? _____
3. What language(s) does your child speak or understand**?** _____

Development & Behavior
4. How would you describe your child's personality? _____
5. Are there any behavioral concerns we should know about? _____
6. How does your child express frustration or anger? _____
7. What comforts your child when upset? _____

Daily Routine
8. What is your child's typical daily schedule (wake-up, naps, bedtime)?
_____
9. What time does your child usually nap, and for how long? _____
10. Are there any special routines you would like us to follow?
_____

Feeding & Nutrition
11. What is your child's favorite and least favorite foods? _____
12. Are there any allergies or food restrictions? _____
13. Does your child drink milk, juice, or water—how often? _____
14. Do they eat independently or need help? _____

Toileting & Diapering
15. Is your child potty trained, in training, or in diapers? _____
16. How often should we check/change their diaper? _____
17. Any special words your child uses for toileting? _____

Comfort Items & Habits
18. Does your child have a favorite toy, blanket, or pacifier? _____
19. Are there any habits we should be aware of (thumb sucking, rocking, etc.)?
_____

Health & Safety
20. Does your child take any medication regularly? _____
21. Are there any known medical conditions, allergies, or emergency concerns?
_____
22. Who should we contact in case of an emergency? _____

Social & Learning
23. Has your child been in daycare or with other children before? _____
24. How does your child interact with other kids and adults? _____
25. What activities does your child enjoy (reading, music, playing outside)?
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