

CARE INSTRUCTIONS AND BACKGROUND INFORMATION

CHILD'S NAME	DATE
FEEDING	
Does your child take a bottle?	Should the bottle be warmed?
Can your child hold a bottle?	Does your child eat: Formula Whole Milk Strained Foods Junior Foods Table Foods Other
Any food likes?	
Any food dislikes?	
Does your child use a pacifier? When?	
NAP / POTTY TRAINING	
Approximate nap time(s)?	Special nap requirements?
Is your child toilet trained?	Does your child wear diapers at naptime?
What brand/type of diaper do you use?	Do you use powder?
Can Desitin or Vaseline be used for diaper rash?	How does child indicate need for toilet?
What word does your child use for urination?	What word does your child use for bowel movement?
FAMILY	
Marital status of parents?	How long?
If separated, who has custody?	Is your child adopted? Does child know?
Does either parent have an interesting occupation/hobby/talent?	
SPANISH	
Is a language other than English <i>spoken</i> at home?	Which languages?
Does your child <i>understand</i> Spanish?	Does your child <i>speak</i> Spanish?
Does either parent <i>understand</i> Spanish?	Does either parent <i>speak</i> Spanish?
Does any relative <i>understand</i> Spanish?	Does any relative <i>speak</i> Spanish?
SOCIAL / DEVELOPMENTAL	
Age at which your child: Crept on hands and knees Sat alone Named simple objects Repeated short sentences Began toilet training	
Can your child dress self?	Can your child undress self?
Is your child right or left handed?	Does your child sleep well?
Favorite indoor play activities?	Favorite outdoor play activities?
Does your child play with water?	Any fears you are aware of?
Speech, sight, or hearing problems?	Speech, sight, or hearing problems?

OVER ...

Is your child currently attending another school?	Where?
Speech, sight, or hearing problems?	What behavior control do you use?
What is your child's usual reaction?	Which parent administers punishments?
Describe your child's personality & activity level	
Has your child had experience with: Clay Scissors Easel Painting Finger painting Blocks	Is your child: Read to regularly? Favorite story / Book? Interested in music? Favorite cd / music
Is play usually adult supervised?	Outdoor play restricted to home yard?
Does your child know others at YPW?	Who?
Is your child Friendly / Aggressive / Withdrawn	Are playmates girls / boys; younger /older?
Does your child: Get along well with other children? Accept new people easily? Have any nervous habits? When are they likely to show? Need special help with anything?	
HEALTH	
Does your child have frequent Colds? Earaches? Stomach aches?	Does your child vomit easily?
Does your child run high fevers easily?	Has your child ever been to a dentist?
Does your child wear corrective shoes?	

COMMENTS

Signed	Date
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OVER ...