

Getting to Know You and Your Child

Child's Name: _____ Date of Birth: _____

Parents Name: _____

Please name three of your child's favorite activities and/or games.

- 1.
- 2.
- 3.



Does your child have a favorite toy or object that comforts him/her?
(i.e. blanket, teddy bear, teething ring)

Name your child's favorite foods.

- 1.
- 2.
- 3.



Does your child have any allergies? If so, please describe and explain reactions.

How does your child communicate the following:

His/Her wants and needs:

His/Her likes and dislikes:



What frightens your child? (i.e. clowns, loud noises)

What do you do at home to comfort your child when he/she is upset?



How does your child participate in the following activities:

Feeding:

Toileting:

Dressing:

Bathing:



Is your child potty trained? Yes _____ No _____

If no, have you begun a potty training program? Please explain.