

INTAKE INFORMATION FOR CHILDREN UNDER 33 MONTHS

Child Name: _____

PHYSICAL DEVELOPMENT

Does the child have any fears? _____

Does the child understand and respond to simple verbal directions? _____

Does the child adjust easily to group situations? ___ Shy? ___ Outgoing?

Does the child get frustrated easily? _____

What makes the child happy? _____

How does the child express anger? _____

What calms the child best? _____

What special words, if any, does your child use to identify things? _____

EATING HABITS

Does your child drink milk? _____ Use a cup with assistance? _____

Does your child follow a special diet? _____

May your child have 100% juice with snack? _____

SLEEPING HABITS

Approximate time and length of nap _____

What helps your child to fall asleep? _____

Does your child have a special toy or blanket? _____

TOILET TRAINING

Does your child exhibit readiness for toilet training? _____

Stay dry for long periods of time? _____

Has training been started at home? _____ On regular schedule? _____

Can child communicate their need to use the toilet? ___ How? _____

Does your child wear diapers or Pull-ups? _____

Does your child use the toilet or potty chair? _____