
“Getting to Know Your Child”

Child's Name: _____

Nickname: _____

Date of Birth: _____

Age _____

Health History

Was your child premature? Yes: _____ No: _____ If so by how much? _____

Does your child... wear glasses? Yes: _____ No: _____ wear a hearing aid? Yes: _____ No: _____

Use other physical assistance devices? Yes: _____ No: _____

(please specify) _____

Social Development

By nature, is your child:

Friendly Shy Outgoing Active

Withdrawn Competitive Cooperative

Does your child have special fears?

How does your child respond to a stressful situation?

What seems to help your child feel better?

Has your child been in previous out of home settings?

What are your child's favourite toys/activities?

Does your child have a security blanket/pacifier? _____

Name of Object: _____

Family Data:

Where is your child in the Family: _____

Who lives with your child?

Mother/Guardian Name _____

Father/Guardian Name _____

Child's grandparents _____

(name child calls them or if they are deceased) _____

Other members of the household Brothers/Sisters (names & ages)

Toileting

Is your child toilet trained? For urine? _____ For bowels? _____

How does your child communicate that he needs to use the toilet? _____

What words does he use? _____

Food

What foods does your child like?

What foods does your child dislike?

How would you describe your child's appetite?

Is there anything else we should know about your child's eating habits?

Please add anything else about your child that would help us in providing care
