



Additional Information for Preschool Children

Date: _____ Child: _____ Date of Birth: _____

Food

What is your child's eating habits? _____

What type of foods does your child like/dislike? _____

Does your child feed himself / herself? _____

Sleep

Describe your child's sleep routine (include naps & lengths of naps): _____

Potty Training

Is your child in diapers? Yes No Remarks: _____

Is your child potty trained? Yes No Remarks: _____

If Yes — Does your child require assistance with using the potty? Yes No

Remarks: _____

Social/Emotional Development

Circle the personality traits which describe your child:

Shy	Independent	Outgoing	Talkative
Friendly	Assertive	Happy	Dependent
Impulsive	Quiet	Stubborn	Attentive
Emotional	Other: _____		

Does your child separate easily from you? Yes No

Comments: _____

Is your child afraid of anything? Yes No

Comments: _____

Does your child have a favorite toy, blanket or soother? Yes No

Please identify: _____

Does your child spend time with other children? Yes No

Comments: _____

How do you discipline your child? _____

What activities does your child enjoy? _____

Please provide any other information that would be helpful to us in caring for your child:

Parent / Guardian Signature

Printed Name

Relationship

Date