

Name of medication _____

How often is it taken? _____

Does the child have allergies? _____ If so, to what? _____

Do you consider the child basically healthy or frequently sick?

Does your child have any food allergies? _____ To what foods? _____

Are there any foods that you do not want your child to eat for religious or personal reasons? (i.e. cholav Yisroel, Pas Yisroel) _____

If yes, please list _____

What are your child's favorite foods? _____

What foods does your child dislike? _____

What kinds of snack food do you serve? _____

SOCIAL/EMOTIONAL

Does your child like to be hugged a little or a lot? _____

How does your child comfort her/himself?

Has your child spent time away from home in schools, playgrounds, or other childcare centers? _____ If yes, please describe

Does your child have difficulty separating from you? _____ If so, what helps?

Describe your child around other children

What angers or upsets your child?

How do you help your child when she/he is upset?

How does she/he respond to stress (cry, throw tantrums, etc.)

What are your techniques for behavior management?

Do you feel your behavior management techniques are successful? _____

If not, why not?

Have there been any major events in your child's or family life (i.e. Moving, birth of a sibling, accident medical problems, hospitalization, legal issues, family changes, etc) that may effect the emotional well-being or behavior of you child? _____ If so, please explain

Is your child outgoing or more of an "observer"? _____

Do you know of any problem with which we can offer your child and/or family help?

What are your child's favorite activities and toys?

Is your child receiving any types of services(i.e. speech therapy) at this time? _____

If so, what? _____

TOILETING

How long has your child been using the toilet? _____

Does your child have frequent toileting accidents? _____

What words does your child use for BM or urination? _____

Are diarrhea or constipation a frequent problem? _____

Do you have any particular concerns about your child's toilet habits?

LANGUAGE

What is your child's primary language? _____

Does your child speak another language? _____

Does your child use any particular words or expressions that might not be understood by an outsider?

Do you have any concerns about speech/language development? _____

If so, please explain

OTHER

Please give us any other information that you feel will help make this adjustment easy for your child.

Signature of Parent/Guardian

Date

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Date