

CHILD INFORMATION

Child's Name(s): _____

1. What language is spoken in the home? (if more than one, please indicate)

2. a) What type of child care has your child experienced? (i.e., home child care, group care, etc.)

b) Did they adjust well?

3. Describe your child's temperament (i.e., shy, outgoing, etc.):

4. How does your child communicate with you? (i.e., babbles, understands words, speaks plainly, signs)

5. What are your child's habits regarding:

a) Food (likes and dislikes):

b) Sleep instructions (comfort habits):

c) Toileting (in diapers, toilet trained):

6. What are your child's favourite activities or toys?

7. Does your child have a security object which will be brought to the Provider's home?

NO YES (If yes, please indicate below)

8. Describe any concerns you may have concerns in respect of your child's physical activity?

9. Have there been any recent changes or upsets that may affect your child's behaviour? (i.e., separation, move, etc.)

10. Please list any fears or concerns that your child may have or further information you feel would be helpful to us in regard to your child:

Parent/Guardian Signature

Date