

All About my Child

Name: _____

Please answer these questions to help us get to know your child

- How is your child's temperament? Tantrums? _____
- Calm down technique? _____
- Does your child enjoy working with others or alone? _____
- How does your child sleep? Do they need anything to help fall asleep? Take naps? _____
- How is your child's eating habits? _____
- Is your child toilet trained, or potty training? _____
- How does your child do with bottles? _____
- Does your child use a pacifier? If so, how often? _____
- Comments, anything else we should know _____

- Does your child have any allergies? _____
- Who does your child live with? _____
Siblings? _____ Pets? _____
Favorite toy _____ Book _____ Color _____ Food _____ Other _____
Foods your child dislikes? _____