

INDIVIDUAL INFORMATION

Child's Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____

Names and ages of other children in the family:

Are parents separated or divorced? _____

Does your child have any allergies, food restrictions or medical problems?

What are some of your child's favorite foods? _____

Is your child toilet trained? _____ Is your child fully independent in the bathroom? _____

Does your child nap? _____ For how long? _____ Do you prefer we attempt to wake your child by a certain time? _____

Is your child able to dress independently? _____ Which articles of clothing does he/she need assistance with? _____

What are your child's favorite activities? _____

Are there any areas of difficulty that you would like your child to work on? _____

How were you referred to this service? _____

Please use the back of this form to list any additional information you feel would be helpful in caring for your child.