



Confidential Child Profile

Child's name: _____ Female Male Age: _____

Child lives with: _____

Names and ages of siblings: _____

Birth

Child's birth date: _____ Natural Adopted Was your child premature? (if so, by how long?) _____

Birth weight: _____ lbs. _____ oz. Length _____ Were there any developmental problems noted at birth? Yes No If yes, please explain: _____

Development

Describe your child's current speaking ability: _____

Has your child ever used a pacifier? Yes No Currently? _____ At what time or times of day does your child seem to want it? _____

Does your child suck his/her thumb? Yes No If yes, when? _____

Does your child nap? Yes No How long? _____

Does your child have his/her own room? Yes No With whom does he/she share the room? _____

What hour is bedtime? _____ Does your child use a night light? _____

Does he/she have a special blanket, stuffed animal (etc.) at bedtime? _____

Do you have a bedtime routine? Yes No Describe: _____

Please describe mealtimes: _____

Favorite food(s) _____

Least favorite food(s) _____

Does your child have any responsibilities in the home? (i.e. making his/her bed, setting the table, picking up toys?) _____

Who reads to your child? _____

How often? _____

Personality

What adjectives best describe your child? _____

Is your child afraid when parent(s) leave? Yes No How is this fear expressed? _____

Is your child easily frustrated? Yes No How is this frustration expressed? _____

When did the child become toilet trained? _____

Is your child able to take care of his/her bathroom needs? _____

Child's dominant hand: Left Right

Daily Life

Does the child undress him/her self: Yes No

Does the child dress him/her self: Yes No

Does the child watch television? Yes No

What are his/her favorite shows? _____

Do you watch these shows with the child? Yes No Comment: _____

Do you limit what your child watches? _____

What special interests does your child have (animals, plants, rocks, etc.?) _____

Does your child have a pet? Yes No What kind? _____

What responsibilities does your child have regarding the care of this pet? _____

Does your child play by him/her self or does he/she often want adult involvement? _____

Do you play with your child? Yes No How? _____

Does your child play with other children? Yes No How often? _____

Are they siblings? Friends? Of the same age? _____

Is there anything else you would like to share about your child to help us work with him/her this year? _____

Thank you for completing this form.

Parent/Guardian Signature

Date