



# Child's Background Information

## SOCIAL/EMOTIONAL

Child's Name \_\_\_\_\_ Date \_\_\_\_\_  
(First Name) (Last Name)

**How does your child show/handle the following emotions?**

Excitement: \_\_\_\_\_ Frustration: \_\_\_\_\_

Affection: \_\_\_\_\_ Fear: \_\_\_\_\_

Does your child have any fears? \_\_\_ Yes \_\_\_ No

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Does your child have special toys, blankets, or soothers? \_\_\_ Yes \_\_\_ No

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Does your child spend time with other children? \_\_\_ Yes \_\_\_ No

If so, please comment (when/where; gender, ages, and general behavior): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you handle discipline in your home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information that would be helpful in caring for your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SLEEPING PATTERNS

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Usual Time	Usual Length of Nap
_____	_____
_____	_____
_____	_____

Please describe your child's napping routine (habits, likes, dislikes, usual behavior, etc): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## DIAPERING

Please briefly describe your child's normal diaper routine (include products used): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## TOILET TRAINING

Date beginning: \_\_\_\_\_

Please describe your child's level of independence (please indicate if reminders and help are needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any charts or incentives used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## OTHER INFORMATION

### “Getting To Know You” Meeting

After your child has been in my care for several weeks, I would like to offer you the opportunity to meet with me to discuss your child’s transition and continue the process of getting to know each other. Would you be interested in scheduling a meeting within the first two months of your child’s enrollment?

Please initial by your answer. Yes \_\_\_\_\_ No \_\_\_\_\_

### Special Needs Information

Does your child have an IEP or an IFSP? Please initial by your answer. Yes \_\_\_\_\_ No \_\_\_\_\_

If so, are you willing to provide a copy to help me prepare classroom practices and activities that best meet the needs of your child? Please initial by your answer. Yes \_\_\_\_\_ No \_\_\_\_\_

### Transition Policy

Transitioning to another educational setting can be an exciting and challenging time.

In order to help make this a smooth transition for both parents and child, I am happy to do the following:

- ◆ Provide age-appropriate activities to help children prepare for the transition
- ◆ Transfer child records, at the request of the parent
- ◆ Make referrals and provide resources
- ◆ Offer a meeting to the parents to provide information regarding a child’s transition
- ◆ Encourage parents and children to connect with the new setting by scheduling a visit

I understand the information stated above about transitions, and I am aware of the resources available to me.

Please initial by your answer. Yes \_\_\_\_\_ No \_\_\_\_\_

### Holidays and Celebrations

What holidays and celebrations are special to your family? \_\_\_\_\_

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