

# TODDLER INTAKE

Dated Completed: \_\_\_\_\_

## I. IDENTIFICATION INFORMATION

		(DD/MM/YYYY)	(Circle)
Child's Name:		Birth Date:	Sex: M / F
If child does not use his/her legal first name, please list the name he/she uses:			
Mother's Name:		Primary Phone:	
Father's Name:		Primary Phone:	
Guardian's Name: <small>(other than parent if applicable)</small>		Primary Phone:	

## II. SCHEDULE

Please circle the days of attendance:

Monday      Tuesday      Wednesday      Thursday      Friday

What time will your child typically be dropped off at? \_\_\_\_\_

What time will your child typically be picked up at? \_\_\_\_\_

## III. FAMILY HISTORY

Marital status of Parents (voluntary information)

Are there any custody arrangements we need to be aware of?      **Yes / No**

If yes:

Please explain:

If Child is adopted, list age of adoption \_\_\_\_\_ is Child aware of adoption? Yes / No

Other children in the home (name & ages)

1.		yrs	4.		yrs
2.		yrs	5.		yrs
3.		yrs	6.		yrs

Are there other members of the household?      **Yes / No**

If so, list name, age (if under 21 yrs) & relationship:

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## IV. PHYSICAL REGIME

Does your child express an interest in potty training? **Yes / No** Are there any concerns? **Yes / No**

If yes, please describe:			
Describe assistance needed & words used:			
Does your child nap? <b>Yes / No</b>	When/Times?	Usual bed time?	Usual waking time?
What does your child usually eat for breakfast & at what time?			
Does your child have any special dietary needs based on a medical condition allergies or religion? <b>Yes / No</b>		Please explain/list:	
Does your child have any specific food likes/dislikes?			
Do you feel your child's speech is clear? <b>Yes / No</b>		Can strangers understand when he/she speaks? <b>Yes / No</b>	
Is any language other than English used in the home?	<b>Yes / No</b>	If yes, please describe:	

## V. MEDICAL HISTORY

Does your child have any allergies? <b>Yes / No</b>	If yes, please explain:
Does your child take any regular medications? <b>Yes / No</b>	If yes, please explain:
Does your child have any vision of hearing problems? <b>Yes / No</b>	If yes, please explain:
Are there any special medical, physical or emotional needs that the school or staff should be aware of? <b>Yes / No</b>	If yes, please explain:

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Does your child have a comfort item? (Pacifier, Blanket, etc)  <b>Yes/No</b>	If yes, please explain
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## VI. PERSONALITY & EMOTIONAL DEVELOPMENT

Does your child have any specific fears?  <b>Yes / No</b>	If yes, please explain:		
What are your child's favorite activities? List activities:			
Does your child play well alone?  <b>Yes / No</b>	In groups?  <b>Yes / No</b>	Are there neighborhood playmates?  <b>Yes / No</b>	If so, what age children does your child play with?
Does your child accept correction easily?  <b>Yes / No</b>		When you find it necessary to discipline your child, which parent usually does this and how?	

Please check the items below that describe your child:

	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Happy		Aggressive		Friendly		Moody		Clumsy	
Dependent		Stubborn		Impulsive		Fearful		Quiet	
Attentive		Good-natured		Sympathetic		Shy		Even-tempered	
Sleepy		Other:							

## VII. COGNITIVE DEVELOPMENT

Has your child learned to:	Yes	No	Yes	No
Say Nursery Rhymes?			Sing Songs?	
Listen to Stories?			Say His / Her name?	
State His / Her age & sex?			Dress self independently?	
Recognize & name common objects?			Throw & Catch a ball?	
Follow simple directions?			Name basic colors?	
Hop on one foot?			Balance on one foot?	
Draw a person?			Count?	<b>Yes / No</b>
			How Far?	
Other: (Please note additional significant accomplishments)				

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## VIII. PLAY & SOCIALITY

<p>Has your child had group play experience?</p> <p><b>Yes / No</b></p>	<p>If yes, please explain:</p>
<p>Has someone cared for your child besides the family?</p> <p><b>Yes / No</b></p>	<p>If yes, please explain:</p>
<p>Has your child gone to Daycare before?</p> <p><b>Yes / No</b></p>	<p>If yes, please describe previous experiences:</p>
<p>Do you have any concerns about any aspect of your child's development?</p> <p><b>Yes / No</b></p>	<p>If yes, please explain:</p>
<p>What do you hope will be included in your child's Toddler program/ goals for your child?</p>	<p>List Goals:</p>