

Does your child need any help with dressing? Yes No

If yes, please list: _____

Sleep

Describe your child's sleep routine (include naps & lengths of naps):

Social/Emotional Development

Does your child separate easily from you? Yes No

Please comment: _____

Is your child afraid of anything? Yes No

Please comment: _____

Does your child have a favorite toy, blanket or soother? Yes No

Please identify: _____

Does your child spend time with other children? Yes No

Please comment: _____

How does your child show feelings?

Affection: _____ Fear: _____

Frustration: _____ Anger: _____

Excitement: _____

What activities does your child enjoy? _____

What activities does your child dislike? _____

What characteristics in your child's development would you like:

Encouraged? _____

Discouraged? _____

Please provide any other information relating to your child that would be helpful in understanding and caring for your child: _____

Date: / /
 D M Y

Parent/Guardian signature