

# Getting to know your *Toddler*

Child's Name: \_\_\_\_\_

## Feeding

Can your child eat with their: Fingers  Spoon  Fork

How does your child eat at home: Standing  Highchair  At the table

Does your child hold their own sippy cup: Yes  No

Do they still drink from a bottle? Yes  No

Can your child drink from a cup without a lid? Yes  No

Do they prefer to feed themselves or be fed by others?

\_\_\_\_\_

Any dietary restrictions or requests?

\_\_\_\_\_

Any other information we should know about their eating habits:

\_\_\_\_\_

\_\_\_\_\_

## Napping

What time does your child go to bed each night? \_\_\_\_\_

What time does your child wake up each morning? \_\_\_\_\_

When your child is not at the center how long will they nap? \_\_\_\_\_

How does your child best fall asleep?

\_\_\_\_\_

\_\_\_\_\_

Do they use a pacifier? Yes  No

Are there any specific needs they have for nap time? Stuffedies, being patted, etc.?

\_\_\_\_\_

\_\_\_\_\_

Help us know a little bit more about them:

**My child:**

- lives with both parents
- lives with one parent
- lives with other family members

**Does your child have siblings?**

Yes  No If Yes, list them below.

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**My child separates from me:**

- with no problem
- teary, but recovers quickly
- has difficulty with separation, recovers slowly

**For diapering, my child:**

- wears a diaper, no signs of potty training
- wears a diaper, shows interest in potty training
- wears a pull-up, shows interest in potty training
- sits on the potty at home, does not go potty though
- sits on the potty at home, sometimes goes potty
- sits on the potty at home, goes potty regularly
- is fully potty trained and in underwear

**Has your child been in childcare before?**

Yes  No

**What does your child really enjoy? (Example, singing, a certain toy, playing outside):**

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**Is there anything else we should know about your child?**

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