



Student Profile

Name: _____ D.O.B.: _____

1. Development Stages

At this age my child: Sat: _____ Crawled: _____
Walked: _____ Talked: _____

2. Your Child's Health

Known Allergies/Disabilities _____

Known Medical Problem(s) _____

Current Medication(s) _____

Serious Illnesses/Hospitalizations _____

3. Food/Meal Time Habits

Any Difficulties _____

Likes/Dislikes _____

4. Toileting

Is your child potty trained? _____

Does your child have accidents? _____ How does your child react? _____

How does your child feel about toileting? _____



5. Sleeping Habits

Does your child take naps? _____ When/How long? _____

What time does your child go to bed? _____ Wake up? _____

Does your child have special needs for rest-time (blanket, lovey, etc.)? _____

6. Socializing

Please describe your child's temperament: _____

He/she able to play with other children? _____

How do you comfort your child? _____

How do you discipline at home? _____

7. Daily Routine

What is your child's daily routine? _____



8. Expectations

What goals to have for your child in this program: _____

9. Comments

Parent/Guardian Signature: _____

Date: _____