

# CHILD PROFILE

DATE\_\_\_\_\_

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

Birthday\_\_\_\_\_

Preferred Name \_\_\_\_\_

Does your child have any allergies (food, medicines, etc...)?\_\_\_\_\_

Session (check one):

☐ Summer

☐ School Year

Days Attending:

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

Typical Arrival Time:\_\_\_\_\_

Typical Departure Time:\_\_\_\_\_

## TOILETING

On a regular basis, my child wears:

☐ Diaper

☐ Pull-Ups

☐ Underwear

Where is your child with potty training?

☐ Not Started

☐ Not Interested

☐ Halfway There

☐ Fully Trained

If currently potty training, my child...

☐ Goes when I send them

☐ Self-initiates SOMETIMES

☐ Knows when they need to go and heads to the bathroom on their own

## AS YOU GET STARTED

How do you think your child feels about starting school?

As parents, do you have any concerns/needs you'd like to discuss with your child's teachers?

Would you like a phone call from your child's teacher prior to school starting to discuss?

## **PLAY EXPERIENCES**

Has your child been in a childcare/preschool facility prior to ECC? If so, where?

What previous group experiences has your child participated in?

What are your child's favorite play activities?

Does your child have any unusual fears?

Does your child normally nap? On what schedule?

Does your child sleep with a favorite toy?

Any "security" items (blanket, doll, etc...)?

How do they typically relate to other children?

How do they typically relate to other adults?

Are they left handed or right handed, or which do they prefer thus far?

## **HEALTH & DEVELOPMENT HISTORY**

Is there anything in your child's medical/developmental history of which your teachers should be made aware?

Do you have any concerns you would like us to watch for and want our feedback on as we get to know your child?

Does your child currently or have they in the past received therapy services (such as speech, physical, occupational, etc...)? Would this therapy take place at school? If so, who is your provider?