

## Duckling/Grasshopper Information Form

<b>CHILD'S INFORMATION</b>				
First Name	Middle Name	Last Name		Nickname
Date of Birth	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Child's primary language	Parent/Guardian's primary language

<b>SELF EXPRESSION AND SOCIAL RELATIONSHIPS</b>
How does your child express feelings of happiness, joy, etc.?
What causes your child to feel angry or frustrated?
What frightens your child and how is it shown?
How does your child respond to new people and experiences?
How do you discipline your child?
Has your child had any previous experience with other children or group care?

<b>MEALS</b>
Please describe your child's general attitude toward eating:
Self Feeding Preference <input type="checkbox"/> spoon <input type="checkbox"/> fork <input type="checkbox"/> hands
Food allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, is it ingestion only or also touch:

<b>COMFORTING</b>
How does your child comfort him/herself?
Child likes to be: <input type="checkbox"/> Held <input type="checkbox"/> Rocked <input type="checkbox"/> Sung to <input type="checkbox"/> Read to <input type="checkbox"/> Other- please specify

Special things you say or do to comfort your child:

**SLEEP**

Current sleep schedule:

Does your child take naps? If so, when and for how long?

Falls asleep easily:: <input type="checkbox"/> Yes <input type="checkbox"/> No	General mood upon waking- please describe;
---	--

When does he/she go to bed at night? Wake in the morning?

Takes favorite toy(s) to bed:  
 Yes     No    If yes, please list toy(s):

**TOILETING**

Does your child use:  
 Diapers     Pull-ups     Sometimes    If sometimes, please specify:

Toilet training attempted:  
 Yes     No    If yes, please describe routine:

Child is toilet trained.   

Type of toilet seat used at home:  
 Potty chair     Special toilet seat     Regular toilet seat

Additional Information you would like us to know: