

Help Me Better Understand Your Child

Name of previous child care program attended _____

Does your child have any special needs that require accommodation by the provider? If so, please list _____

Does your child have any functional limitations? (Functional limitations can include, but are not limited to, limitations dealing with hearing, seeing, breathing, speaking, learning, working, performing manual tasks, caring for oneself, social skills, and behavioral actions.) If so, please list. _____

Does your child have a condition that, according to current medical information, would pose a direct threat to the health or safety of others in the program? ____yes ____no

Does your child have any special problems or fears? _____

Child's favorite activities, foods: _____

Child's nap pattern: _____

Child's favorite toy or blanket: _____

Toilet habits: _____

Child's eating habits: _____

What makes the child frustrated or upset? _____

Family rules that provider should know about: _____

What methods of discipline do you find work best for your child? _____

*Note State law prohibits the provider from **any kind** of hitting or spanking