

About Your Child

Please fill in this questionnaire so I may better understand your child.

Child's Name _____ Date _____

1. What time does your child go to bed at night? _____

2. What time does your child wake up in the morning? _____

3. Will breakfast need to be served and does your child snack at home first? _____

4. Please list your child's most liked foods for - Breakfast _____

Lunch _____ Snack _____

5. List the foods your child likes least or just will not eat _____

6. Does your child usually take naps? How long? Times of naps? _____

7. Does your child have any fears such as dogs, sirens, storms, etc? _____

8. Type of pets at home? _____

9. Has child stayed with any other adults besides parents? _____

10. What are your child's favorite... playthings? Pets? Books? _____

11. What activities does your child spend most of their waking hours doing at home? _____

12. Does your child have any particular habits or mannerisms such as thumb sucking or nail biting? If so please describe _____

13. What are your accustomed methods of reassuring and rewarding your child? _____

14. What are your accustomed methods of responding to your child's negative behavior? _____

15. Do you have any outstanding concerns? _____

16. Please add any comments that may help me to understand your child. (Ex. Calming techniques etc.) _____

