

Play & Learn



Toddler Profile

Child's Name: _____

Center: _____

Program: _____

"Getting to Know You" Date: _____

Play & Learn

A cartoon illustration of a young girl with red hair in pigtails, wearing a yellow dress, standing on a stack of five colorful books. She has her arms raised in a happy gesture.

Dear Parents,

Welcome to Play & Learn! In order to better understand your child, we have designed this booklet to allow you to share information concerning your child's personal habits, skills, and health. This profile will give us a "head start" in attaining our goal of meeting your child's needs. Feel free to include any additional information and concerns.



GENERAL INFORMATION

Child's Full Name: _____

Nickname: _____

Birthdate: _____ Age: _____

Parent Names: _____

If child is not in care of parents, please list guardian name(s):

What is the marital status of parents?

_____ Married _____ Divorced _____ Separated _____ Single

Are both parents living in the house with the child? _____ Yes _____ No

Please list all siblings:

Name

Age

Please list anyone else living in the house with the child:

Name

Relationship

Who will be dropping off your child? _____

Who will be picking up your child? _____

SELF HELP SKILLS

Sleeping

Does your child nap? _____ Yes _____ No

Please list your child's napping hours: _____

Does your child wear a diaper at naptime? _____ Yes _____ No

Please list any important napping habits: _____

Feeding

Does your child drink from a cup? _____ Yes _____ No

If yes, can your child drink from a cup with or without assistance? _____

Describe your child's feeding habits and need for assistance: _____

Dressing

Please describe your child's dressing needs: _____

Toileting

Does your child wear diapers? _____ Yes _____ No

Please describe your child's toileting habits and need for assistance: _____

What words does your child use to communicate toileting needs? _____

PLAY SKILLS

What does your child enjoy doing/playing? _____

How does your child get along with other children? _____



COMMUNICATION SKILLS

How does your child express his or her needs? _____

Can you understand your child's speech? _____ Yes _____ No

Can others understand your child's speech? _____ Yes _____ No

Comments: _____

Please list any unusual words that your child uses to communicate: _____

Please describe how your child listens and follows directions: _____

PERSONAL CHARACTERISTICS

Circle the characteristics that seem to describe your child:

Tense	Sad	Happy	Sensitive	Creative
Relaxed	Outgoing	Energetic	Caring	Quiet
Frustrated	Demanding	Stubborn	Cooperative	

How does your child generally react to new experiences? _____

Does your child have any unusual fears? _____

How does your child react to a frustrating situation? _____

MEDICAL INFORMATION

Please provide information if your child has a history of any of the following conditions:

	Date	Circumstances
Allergy	_____	_____
Asthma	_____	_____
Concussion	_____	_____
Convulsions	_____	_____
High Fevers	_____	_____
Seizures	_____	_____
Serious Falls	_____	_____
Serious Injury	_____	_____
Chronic Illness	_____	_____

Hospitalization _____

Other _____

Describe any history of visual problems: _____

Describe any history of hearing problems: _____

Medication

Please list your child's current medication(s): _____

Please list the condition(s) that the medication(s) treat: _____

Please list any other current medical issues: _____

How would you describe your child's general health? _____

Please describe any physical handicaps or limitations: _____

Please describe any special dietary needs and/or food allergies: _____

Are there any special concerns that we need to know? _____

Are any early intervention services provided for your child? If yes, please describe: _____

Please provide your center director with IFSP or IEP documentation if applicable.

Please describe any helpful hints that will enable us to best work with your child: _____
