Play& Learn

Infant Profile

Child's Name: _____

Center: _____

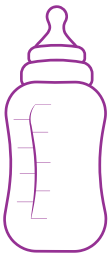
Program: _____

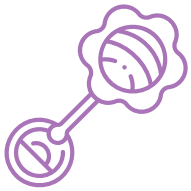
"Getting to Know You" Date: _____

Play& Learn

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

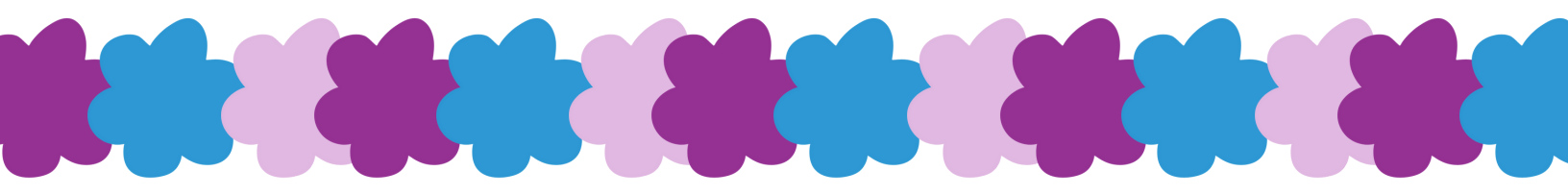
_____
_____
_____
_____
_____
_____

Who will be dropping off your child?

_____

Who will be picking up your child?

_____



FEEDING

Is your child breastfed or bottle fed?

Please list your child's feeding schedule below.

TIME	FOODS	QUANTITY

How long does a feeding usually take? _____

How often does your child need to be burped, and what technique do you use?

_____

Does your child spit up? If so, please provide details:

_____

Does your child drink formula? Yes ☐ No ☐

If so, please list brand and type of formula:

_____

Does your child drink milk? Yes ☐ No ☐

If so, what kind? ☐ Whole ☐ 2% ☐ 1% ☐ Skim ☐ Other ☐

If other, what kind of milk does your child drink? _____

Does your child drink juice? Yes ☐ No ☐

If so, what kinds? _____

Can your child use a spoon? Yes ☐ No ☐

Please check all the foods below that your child has had:

Meats ☐ Fruits ☐ Vegetables ☐ Cereal ☐

Other _____

If you checked cereal, what type(s) has your child had?

_____

_____

Can your child use a cup? Please describe:

_____

_____

_____

Please describe any other feeding information you feel is important:

_____

_____

_____

_____

_____

_____

NAPPING

What are your child's usual nap times?

_____

_____

In what position does your child sleep?

_____

_____

Does your child use a pacifier at nap time? Yes ☐ No ☐

How do you usually put your child to sleep? _____

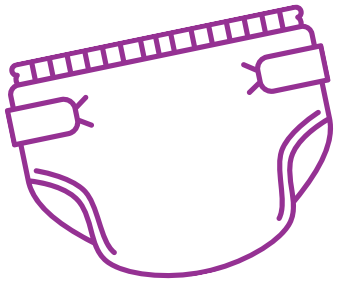
_____

_____

Please list any other napping habits: _____

_____

_____



DIAPERING

How often does your child have a bowel movement and what is the usual consistency? _____

_____

_____

Does your child get diaper rash often? _____

How do you treat your child's diaper rash? _____

_____

Other Comments: _____

_____

_____

PLAY SKILLS

Does your child do any of the following? Please check all that apply.

Roll ☐ Crawl ☐ Sit Up Alone ☐ Pull to Stand ☐
Use a Walker ☐ Walk Alone ☐

Does your child like any of the following? Please check all that apply.

Be rocked ☐ Use a Swing ☐ Lie on Back ☐ Be Sung to ☐ Lie on Stomach ☐

What are your child's favorite toys? _____

_____

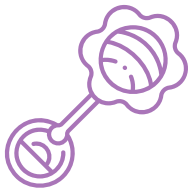
What games do you play with your child? (i.e. peek-a-boo, pat-a-cake) _____

_____

Other Comments: _____

_____

_____



COMMUNICATION SKILLS

What does it usually mean when your child cries? _____

_____

How does your child let you know that s/he:

- Is hungry _____
- Has a dirty diaper _____
- Is sleepy _____
- Wants to be held _____
- Other _____

Does your child use any words? If so, please list the most important words: _____

_____

_____

_____

Does your child follow simple directions? If so, please describe: _____

_____

_____

_____

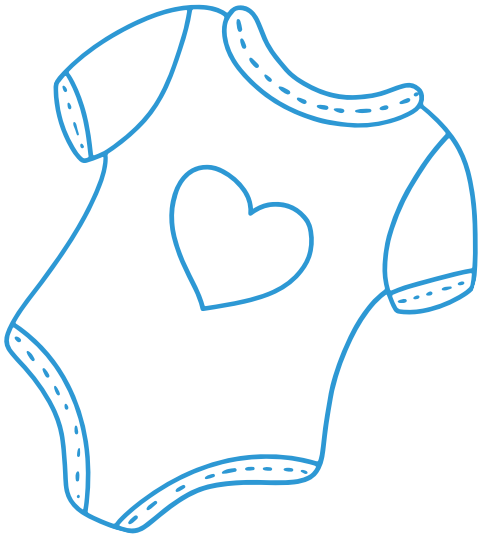
Other Comments: _____

_____

_____

_____

What language does your child and family speak? _____



PERSONAL CHARACTERISTICS

Please check off the characteristics that seem to describe your child:

Relaxed ☐ Happy ☐ Demanding ☐ Outgoing ☐ Energetic ☐

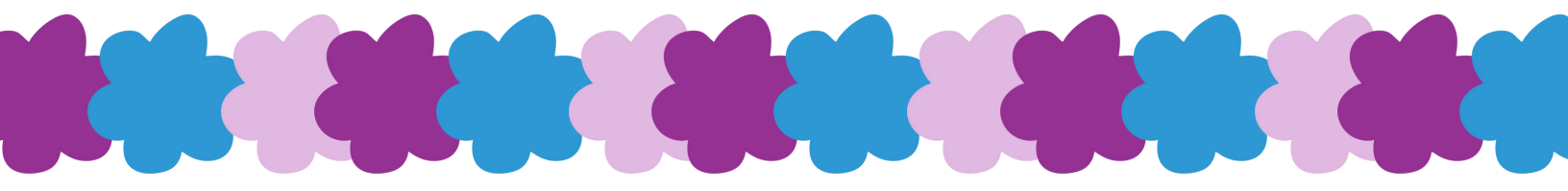
Stubborn ☐ Cooperative ☐ Quiet ☐ Sensitive ☐

How does your child generally react to new experiences or unfamiliar people?

What frightens your child?

What frustrates your child?

How do you calm your child?



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:

_____

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 other 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: