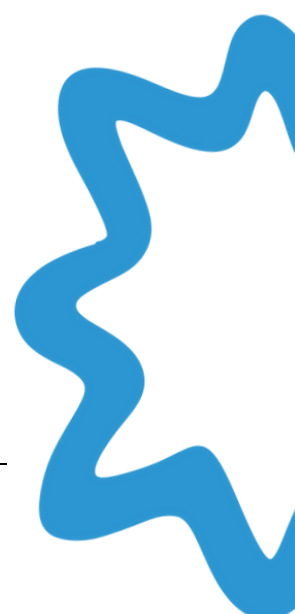




Play & Learn

Toddler 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?



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

What language does your child and family speak? _____

Comments:

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

Please describe how your child listens and follows directions:

PERSONAL CHARACTERISTICS

Please check off 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:

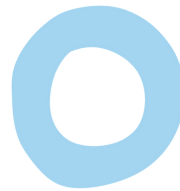
Medication

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 information that will enable us to best work with your child:

