



# Play & Learn

— est. 1981 —

## 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:

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Does your child wear a diaper at naptime?      Yes       No

Please list any important napping habits:

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## Feeding

Does your child drink from a cup?      Yes       No

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

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

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## Dressing

Please describe your child's dressing needs:

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## Toileting

Does your child wear diapers?      Yes       No



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

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What words does your child use to communicate toileting needs? \_\_\_\_\_

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## **PLAY SKILLS**

What does your child enjoy doing/playing? \_\_\_\_\_

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How does your child get along with other children? \_\_\_\_\_

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# COMMUNICATION SKILLS

How does your child express his or her needs?

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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:

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

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Please describe how your child listens and follows directions:

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# 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?

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Does your child have any unusual fears?

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How does your child react to a frustrating situation?

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## 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:

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Describe any history of hearing problems:

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**Medication**

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

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

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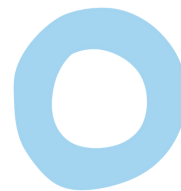
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Please list any other current medical issues:

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How would you describe your child's general health?

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Please describe any physical handicaps or limitations:

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

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Are there any special concerns that we need to know?

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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.)

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

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