

Toddler 18 months-2.5 years Information Sheet

Please fill out this form for your child. It will help me get to know your child better.

Child's Name: _____ Date of Birth: _____

Does your child still take a bottle? _____ If so at what intervals? _____

Can your child drink out of a sippy cup? ___ Yes ___ No.

Can your child feed themselves? ___ Yes ___ No.

Does your child have a tendency to shovel food in their mouth? ___ Yes ___ No?

Food likes: _____ Food dislikes: _____

List the types of food and times your child usually eats below:

Breakfast _____

Lunch _____

Snack _____

Will your child need breakfast upon arrival? ___ Yes ___ No.

Does your child use a pacifier? _____ for nap? ___ Yes ___ No.

Does your child need a special comfort item to sleep with? ___ Yes ___ No.

If so, what is it? _____

What is your child's napping schedule?

Morning: _____ Afternoon: _____ Evening: _____

Does your child become upset if left by you? Yes ___ No ___

Has your child attended daycare/preschool prior? Yes ___ No ___

Play interests? _____

Favorite Activity? _____

Is your child outgoing or shy? _____

Is your child fearful of new situations and strangers? Yes ___ No ___

If yes explain their reaction. _____

Is your child afraid of anything else (sirens, clowns)? Yes ___ No ___

Please list any other important information or special instructions on the care of your child below:

Signature _____

Date _____