

Child's Personal Description

1. Is this child toilet trained? _____ Specify what word this child uses for:
urination? _____; bowel movements? _____
What is the usual time for bowel movement? _____
2. Does this child need help with : eating _____ brushing teeth _____
dressing _____ washing hands _____ undressing _____
3. Is this child right or left handed? _____
4. What time does this child eat ? Breakfast _____ Lunch _____ Dinner _____
5. Is this child's family vegetarian? _____
6. Does this child have any food allergies? ____ If "Yes", please specify: _____
7. What time does this child usually go to bed at night? _____
What time does he/she awake in the morning? _____
8. Does this child sleep well? _____
9. What are this child's favorite: Indoor activities _____
Outdoor activities? _____
10. Does this child enjoy water play? _____
11. Are there any special fears which this child has? _____ If "Yes", please specify:

12. Does this child have any speech problems? _____ If "Yes", please specify

13. Does this child have any other special problems of which we should be aware :

14. What method of behavior control (discipline) is used in your
home? _____
15. How would you describe your child's personality? _____

16. Is there any other information about your child - special likes or dislikes or ways you give
care that would be helpful for our teacher in order to better care for your child?

