

ABC Express, Inc.

Toddler Interview Sheet (page 1 of 2)

Child's Name _____ Nickname _____

Child's Birthday _____

Sleeping Habits

Current Sleeping Schedule _____ Does Child fall asleep easily? _____

Does Child use pacifier? _____ Finger? _____ Thumb? _____ While sleeping?

What does Child sleep with? _____

Eating

Current eating schedule _____

Any special eating problems? _____

What are the Child's favorite foods? _____

What foods does the Child refuse? _____

Food allergies? _____

Does your Child drink from a cup with a top? _____

Toileting

Has toileting been attempted? _____

What word is used for a bowel movement? _____

What word is used for urination? _____

Does the Child need to go frequently? _____

Is diarrhea or constipation a problem? _____

What is used at home, a potty seat? _____ a potty chair? _____ toilet seat? _____

If your Child is a boy, does he stand? _____ or sit? _____

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Toddler Interview Sheet (page 2 of 2)

Communication

Age your child began talking? _____

Does your Child speak in sentences? _____ in words? _____

Does your Child have difficulty speaking? _____

List any words to describe special needs _____

Comforting

Does your Child have a fussy time? _____ if yes, when? _____

How is it handled? _____

Does your Child like to be held? ___rocked? ___sung to? ___read to? _____

What makes your Child angry or upset? _____

What frightens your Child? _____

How are feelings expressed? _____

Are there any special things you do or say to comfort your child? _____

What are your Child's favorite toys? _____

What are your Child's favorite activities? _____

Please tell us anything else about your Child that may be helpful to us to provide the quality care you like for your Child _____