



PARENT QUESTIONNAIRE FOR INFANTS & TODDLERS

The Haverford Center at The Haverford School

Dear Parents,

Please fill out this questionnaire to help us provide your child with a smooth transition and a successful child care experience. Thank you!

CHILD'S NAME _____

DATE OF BIRTH _____

PHYSICAL DEVELOPMENT

Does your child:

_____ sit with support

_____ sit unassisted

_____ crawl forward/backward

_____ stand

_____ walk with assistance

_____ walk unassisted

_____ run

_____ go up steps

_____ go down steps

SLEEPING HABITS

My child usually naps _____ times/day

from: _____ to _____

from: _____ to _____

from: _____ to _____

My child sleeps at night from _____ p.m. to _____ a.m.

Does your child have any sleep disturbances?

Does your child sleep with any special object?

Does your child sleep in her/his crib at night? Yes _____ No* _____

* If No, please explain.

EATING HABITS

_____ breast-fed (how long?) _____

_____ bottle-fed (how long?) _____

_____ weaned (date) _____

Type of formula now in use: _____

_____ eats table food _____ drinks from a bottle _____ holds own bottle

_____ drinks from a cup _____ uses a pacifier _____ can feed self

TOILETING

Child wears: diapers _____ all day _____ sleeping only

underpants _____ all day

Training process: bowel control (date) _____ bladder control (date) _____

Does your child ask to go to the bathroom?

What phrases/words do you use for urinating?

What phrases/words do you use for bowel movements?

If toilet training is in process, please describe routines/methods you use:

PLAY & SOCIAL INTERACTION

Has your child ever attended or been enrolled in:

_____ a child care center at what age? _____

_____ a family day care home at what age? _____

_____ a babysitter's home at what age? _____

_____ your home with a babysitter at what age? _____

_____ a parent/child play group at what age? _____

_____ other settings:

How does your child adjust to new situations and activities?

Who is your child's current caretaker during the day?

How often does your child need to be held during the day?

How long can your child amuse him/herself?

How does your child communicate? (crying, pointing, phrases, sentences):

Can others understand your child's method of communication?

Is your child afraid of: _____ strangers _____ new situations _____ animals

List any other fears:

Your child's favorite toys and activities:

How does your child react to sharing his/her toys?

How does your child express anger?

How do you and your family spend time together?

SPECIAL MEDICAL CONSIDERATIONS

Please list any:

Does your child have any distinguishing birthmarks?

PARENTS' EXPECTATIONS

What are your goals and expectations for your child at The Haverford Center?

Do you have any special concerns or questions to which you would like to draw our attention?

How would you like to participate in our program?

_____ share a special skill/interest: _____

_____ assist with classroom activities: _____

_____ join us for special events: _____

_____ other: _____

Signature of Parent or legal guardian

Date

Academic year: _____