



TWODDLER RESUME

Child's Name: _____ **D.O.B.** _____

Does your child have a nickname? Y/N If yes, what is it: _____

FAMILY

Names of brothers & sisters

Birth Date

Names of others living in the home

Relationship to child

What language is spoken in your home: _____

Does your child have pets? Y/N If yes, what are they _____

What is your pet's name: _____

This classroom only consumes Solid Food/Toddler Food only. No bottles or baby food.

FOOD

What is your child's feeding schedule? _____

Does your child have food allergies? Y/N If yes, please specify: _____

What type of reaction has your child experienced when eating this food? _____

Does your child have any food sensitivities? Y/N

If yes, please identify: _____

Currently are there any foods that your child dislikes? _____

Any favorite foods? _____

What time does your child usually eat: Breakfast _____ Lunch _____ Supper _____

SLEEP

Describe your child's sleep routine (include naps & lengths of naps):

DIAPERING

Is your child in diapers/Pullups? Y/N _____

Is your child potty trained or in the process of being potty trained? _____

What type of diapers/Pullups does your child use? _____

Describe your child's diapering routine (include double diapering, liners, creams, powders etc.)

Is your child prone to diaper rash? Y/N Treatment: _____

SOCIAL/EMOTIONAL DEVELOPMENT

Does your child separate easily from you? Y/N _____

Please comment: _____

Does your child have a favorite toy, blanket or soother? Y/N

Please identify: _____

Does your child spend time with other children? Y/N

Please comment: (who, when, how much) _____

How does your child show feelings?

Affection:		Fear:	
Frustration:		Anger:	
Excitement:			

What activities does your child enjoy? _____

Please provide any other information relating to your child that would be helpful in understanding

And caring for your child: _____

Parent/Guardian Signature

Date