

Start Date: _____

INDIGO PROGRAM

Child's Name _____ Birth Date _____

Bottle: at home? _____ at day care? _____
if yes, please indicate what kind of formula or milk, times bottle is given and amount.

Table Foods: Foods your child does not tolerate or digest well? _____

Comforting: Does your child use a pacifier? _____ Do you allow the child to have the pacifier as needed? _____ Only at nap time? _____ Other times? _____
Does your child have a favorite blanket or stuffed animal for sleeping with? _____
What does he/she call it? _____

Development: Describe your child's present abilities and interests. What does he like to do? Are there words that he/she is beginning to use?

Do you have any developmental concerns about your child at this time? Ex: concern about hearing, motor skills- walking, feeding skills etc.

Did your child receive a lead screening at a recent physical examination? yes no

Daily Schedule: Briefly describe a "typical" day for your child. Please note if the routine varies significantly on a day when your child comes to day care.

Members of the Household:

Name	Relationship to child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____ Date _____