

Start Date: _____

YELLOW, ORANGE, RED & RAINBOW ROOM INFORMATION

Child's Name: _____ **Birth date:** _____

DAILY ROUTINE (Please complete all sections that are appropriate for your child's age)

Napping: Does your child nap on a regular basis? _____ How long? _____
Pacifier? _____ When is the pacifier given to the child? _____
What is your child's attitude toward napping? _____
Does your child have a special blanket or toy he/she sleeps with? _____
What does he call it? _____ Usual bedtime: _____ Usual waking hour: _____

Eating: Please explain any concerns regarding your child's eating habits or appetite:

Activities: What are your child's favorite toys, pets, and special interests? _____
Any activities your child must restrict from? _____

Toilet training: Is your child toilet trained? _____ Is he/she using the toilet or a toilet chair? _____

	Urination	Bowel movement
How does child state need?	_____	_____
How dependable is child?	_____	_____

Socialization with peers: How does your child get along with other children? _____
Any concerns about your child's behavior, learning or development? _____
Are his playmates younger? _____ older? _____ only siblings? _____ no playmates at this time? _____
Has your child had previous group experience? (Play group, Sunday school etc.)? _____
When and where? _____

Personality and emotional development: How would you describe your child's personality and temperament? _____

Does your child accept new people easily? _____
What are your child's fears? _____
How does your child generally react to a stressful situation? (Cry, withdraw, throw tantrums etc.)? _____

What is your usual method of reassuring and rewarding your child? _____
What is your usual method of disciplining your child? _____

Development: Do you have any developmental concerns about your child? Ex: concerns with speech, motor skills, hearing, eye site, touch/sensory etc. Please describe:

Please give us any other information that would help us to get to know your child better:

Members of Household

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

Signature: _____ Date: _____