

# GEORGETOWN LAW CENTER EARLY LEARNING CENTER



Your child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

In order to help with your child's transition and to plan for his/her individual needs and interests, we ask that you complete the following and also keep us informed of any changes in your child's health, environment, or any other area which might affect his or her feelings or behavior. Of course, this information will be kept completely confidential.

## Personal History

Age your child began:

sitting \_\_\_\_\_ crawling \_\_\_\_\_ walking \_\_\_\_\_

talking \_\_\_\_\_ speaking in words \_\_\_\_\_ speaking in sentences \_\_\_\_\_

Does your child have any difficulties speaking? \_\_\_\_\_

How does your child express needs? \_\_\_\_\_

Does your child like to climb? \_\_\_\_\_ Does your child often fall easily? \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Other languages your child understands: \_\_\_\_\_

Other languages your child speaks: \_\_\_\_\_

Comments or Concerns \_\_\_\_\_

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## Health

Does your child have any physical disabilities the center should be aware of?

\_\_\_\_\_

Allergies (food, insect bites, medicines, etc.): \_\_\_\_\_

Your child's reactions to allergies: \_\_\_\_\_

Hearing problems? \_\_\_\_\_ Speech problems? \_\_\_\_\_ Vision problems? \_\_\_\_\_

How does your child react to an elevated temperature? \_\_\_\_\_

Special instructions if child becomes ill: \_\_\_\_\_

Medications given regularly: \_\_\_\_\_

Comment or Concerns \_\_\_\_\_

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**Eating**

Is your child following any special diet? \_\_\_\_\_

Is your child usually hungry at mealtimes? \_\_\_\_\_ Between meals? \_\_\_\_\_

Your child's favorite foods: \_\_\_\_\_

What foods are refused? \_\_\_\_\_

Does your child have any eating difficulties? \_\_\_\_\_

Does your child eat with a spoon? \_\_\_\_\_ fork? \_\_\_\_\_ hands? \_\_\_\_\_

Comments or Concerns \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Toilet Habits**

Is your child toilet trained? \_\_\_\_\_ In the process of being toilet trained? \_\_\_\_\_

Can your child indicate his/her bathroom needs? \_\_\_\_\_

Does your child need assistance or special encouragement with toileting? \_\_\_\_\_

What word is used for urination? \_\_\_\_\_ Bowel movement? \_\_\_\_\_

Does your child lose bladder or bowel control while sleeping? \_\_\_\_\_

If so, how often? \_\_\_\_\_

Does your child have any bathroom related difficulties the center should be aware of? \_\_\_\_\_

Comments or Concerns \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Sleeping**

What time does your child usually go to bed? \_\_\_\_\_ Awaken? \_\_\_\_\_

Does your child walk, talk or cry out in his/her sleep? \_\_\_\_\_

Does your child take any special items to bed with him/her? \_\_\_\_\_

Generally, what is your child's mood on awakening? \_\_\_\_\_

Does your child take naps at home? \_\_\_\_\_

If so, what are regular nap times? \_\_\_\_\_

Comments or Concerns \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Social Relationships**

Has your child had experience playing with other children? \_\_\_\_\_  
Is child especially outgoing? \_\_\_\_\_ Assertive? \_\_\_\_\_ Shy? \_\_\_\_\_ Withdrawn? \_\_\_\_\_  
How does your child get along with siblings? \_\_\_\_\_  
Adults? \_\_\_\_\_ What age child does your child prefer to play with? \_\_\_\_\_  
Has your child attended a child care center in the past? \_\_\_\_\_  
Does your child know any other children in this center? \_\_\_\_\_  
How easily do you think your child will adjust to the center? \_\_\_\_\_  
Does your child enjoy spending time alone? \_\_\_\_\_  
How does your child relate to strangers? \_\_\_\_\_  
Does your child frequently seek adult attention? \_\_\_\_\_  
What makes child especially angry or upset? \_\_\_\_\_  
How does your child show his/her angry or upset feelings? \_\_\_\_\_  
What is best way to handle these feelings? \_\_\_\_\_  
\_\_\_\_\_  
What is your philosophy of discipline? \_\_\_\_\_  
\_\_\_\_\_  
What frightens your child? \_\_\_\_\_  
What does your child like to do at home? \_\_\_\_\_  
\_\_\_\_\_  
What special interests does your child have? \_\_\_\_\_  
\_\_\_\_\_

Comments or Concerns \_\_\_\_\_  
\_\_\_\_\_

**Home Setting**

Are there any special situations in your home which may affect your child that we should be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments**

In what particular ways can we help your child this year? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional space for answering questions or other comments:**

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Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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