

Child's Name _____

Getting to know your child- PATH Preschool- 2023-24

Eating habits:

1. At what time does your child eat: Breakfast_____ Lunch_____
2. Does your child feed him/herself? Yes_____ No_____
3. Food favorites: _____
4. Food dislikes: _____
5. Dietary restrictions: _____
6. Food Allergies: _____

Sleep habits:

Morning nap? Yes_____ No_____ Afternoon nap? Yes_____ No_____

Toilet habits:

Does your child tell you when they need to go? Yes _____ No _____
Are they able to wipe by themselves or need assistance? _____
Typical time of bowel movement? _____

Speech and Physical development:

My child talks: _____Well _____Fairly well _____ Not very well _____ Not at all
Any concerns about speech or physical development? _____
If yes, what are your concerns? _____

Social Development:

How would you describe your child?
____Outgoing ____ Shy ____Quiet ____Talkative ____ Active ____ Happy ____Grumpy
Is your child around other children on a regular basis? _____
Do you have any concerns about their social development? _____
If yes, what are your concerns? _____

Any other information about your child that would help us in caring for them?
