

Child's Name _____

Getting to know your child- PATH Preschool- 2024-25

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?
