



All About My Child

Child's Name _____

Eating

1. What are your child's favorite snacks/foods?

2. What foods does your child dislike?

3. Does your child have any food allergies?

4. Other: _____

Sleeping

1. Does your child nap? Y/N

2. If yes, how long does your child typically nap? _____

3. Does your child use a soother? (special blanket, pacifier, sound machine, stuffed animal)

4. Other: _____

Toileting/Diapering

1. My child wears: diapers/pull-ups/underwear
2. Is your child toilet trained? Y/N
3. Please explain your child's current toilet routine, including if he/she uses words or cues for initiating when to go potty: _____

4. How often does your child typically use the restroom?

5. My child uses: little potty seat/adult toilet/potty seat on top of toilet
6. Does your child need assistance using the restroom? Y/N