



Toddler Personal Information Sheet

Child's Name _____ Birthdate _____

Names of Brother(s):	Ages:	Name(s) of Sisters:	Ages:

- Names of anyone else that lives with you. _____
- Does your child have any food allergies or dietary restrictions? ____Yes ____No
If yes, explain _____
- Does your child have any allergies to medication? ____Yes ____No
- Does your child use the restroom independently? ____Yes ____No
- If no, have you begun toilet training at home? ____Yes ____No
Progress _____
- What does your child call his/her bowel movement? _____ Urination? _____
- Generally, how long is your child's nap? _____ Time? _____ to _____.
Any special routine? _____
- Does your child use a pacifier when he/she sleeps? ____Yes ____No
We will work with you to limit pacifiers to naptime and to eventually wean from them.
- Do you give permission for your child to have their pacifier at naptime? ____Yes ____No
- Does your child drink out of a sippy cup? _____ regular cup? _____
- Does your child have any particular fears? ____Yes ____No
Explain _____
- When your child is upset and/or crying, what does he/she find soothing, comforting?
Explain _____
- What toys & activities make him/her happy? _____
- Please use the back for any other information you wish to share about your child.

Parent's Signature _____ Date ____/____/____