

Child's Informational Sheet

Email completed forms to:
livewell@uiowa.edu

1. Identification:

Child's Name:

Last

First

Middle

Birth date:

Sex:

Child's Nickname:

2. Family History:

Parents are:

Single

Married

Divorced

Separated

Other:

Other children in the home:

Name

Age

Name

Age

a.

c.

b.

d.

3. Physical Regime

Does your child have any diagnosed special needs: If

Yes

No

yes, please explain:

Does your child take any medications **regularly** that the Program will be giving to him/her?

Does your child have any unusual eating patterns or food dislikes?

Will your child need any accommodations or adaptations during meal times, snack time or playtime?

Does your family practice a religion that prevents your child from eating particular food(s)? If yes, what food(s) should your child avoid? Yes No

Does your child have any behaviors or special abilities that may give us cause to be concerned for the child's safety (i.e., can open outside doors, can open a baby gate or fence gate, runs from adults)?

What is your child's usual nap time? Typical length of nap?

May we pat your child's back to help go to sleep or let your child fall asleep by themselves?

If your child is an infant or toddler:

Do you rock your child to sleep or just lay them down:

Do you allow your child to keep a pacifier in their mouth while sleeping? Or during the day while awake? Yes No
Yes No

4. Toileting

How does your child state that he/she needs to go to the bathroom?

(urination) (bowl movement)

What type of assistance does your child need to use the restroom?

If your child is not an infant or toddler, does your child wipe him/herself?

5. Personality and Emotional Development

Does your child accept new people and new activities easily?

Does your child have any serious fears or anxiety times?

What comforts them during these times?

Describe your child's normal temperament:

When you find it necessary to discipline your child, what technique works best?

6. Play and Socialization

How does your child play alone and/or with other adults/children?

What type of play activities does your child like to do or gives comfort to your child?

7. Questions for Children Pre-registering ONLY with Handicare, Inc.

Your child's playmates are: girls boys younger older

Has your child previously attended any of the following: playgroup daycare preschool

What was the usual size of the playgroup?

Will your child need any adaptations or accommodations to participate in the classroom?

8. Other Information

Please give any other information that you believe will be helpful to understanding your child:

**If a newborn, please feel free to write as much as you feel necessary to inform our staff about your baby. Use extra paper if necessary.

Signature: _____

Date Completed: