

# CHILD PERSONAL PROFILE SHEET

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_

Parents Names: \_\_\_\_\_

Does mom work outside home? \_\_\_\_\_ Where? \_\_\_\_\_

Does dad work outside home? \_\_\_\_\_ Where? \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

## Child is (Check all that apply)(for infants to 2)

____ sitting with help	____ using walker	____ drinks bottles
____ sitting alone	____ mastered walking	____ using cup
____ crawling	____ running	____ using pacifier
____ pulling up on things	____ feeding self	____ taking steps
____ sits in high chair for meals		

## Nap Schedule( if child will be napping on Fridays)

Usually sleeps from \_\_\_\_\_ to \_\_\_\_\_

Sleeping position \_\_\_\_\_

Sleeps in crib Y/N \_\_\_\_\_, play pen Y/N \_\_\_\_\_ or nap mat on floor Y/N \_\_\_\_\_

Items needed for sleeping: \_\_\_\_\_

Any other information helpful for naptime?

## Eating Schedule

Child usually eats snacks at \_\_\_\_\_

Child usually eats lunch at \_\_\_\_\_

Child will not feed self \_\_\_\_\_ Child will sit in high chair \_\_\_\_\_ or chair at table \_\_\_\_\_

Favorite foods \_\_\_\_\_

Child can have snacks provided by PDO? (animal crackers, graham crackers) Yes \_\_\_\_ No

\*\*Any food allergies? \*\*\*\*\* \_\_\_\_\_

Child's favorite activities: \_\_\_\_\_

(Examples: Coloring, Looking at books, stacking blocks, etc.) \_\_\_\_\_

Child has favorite item: \_\_\_\_\_ (Blanket, etc. that comforts them when tired or upset)

Does your family use any special words for items that the child understands that may help the teacher communicate better?

Please list any other pertinent information that may help your child's teacher get to know them and care for them in the best way.