

## About Your Child

Please fill in this questionnaire so I may better understand your child.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

1. What time does your child go to bed at night? \_\_\_\_\_

2. What time does your child wake up in the morning? \_\_\_\_\_

3. Will breakfast need to be served and does your child snack at home first? \_\_\_\_\_

4. Please list your child's most liked foods for - Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_ Snack \_\_\_\_\_

5. List the foods your child likes least or just will not eat \_\_\_\_\_

6. Does your child usually take naps? How long? Times of naps? \_\_\_\_\_

7. Does your child have any fears such as dogs, sirens, storms, etc? \_\_\_\_\_

8. Type of pets at home? \_\_\_\_\_

9. Has child stayed with any other adults besides parents? \_\_\_\_\_

10. What are your child's favorite... playthings? Pets? Books? \_\_\_\_\_

11. What activities does your child spend most of his hours doing at home? \_\_\_\_\_

12. Does your child have any particular habits or mannerisms such as thumb sucking or nail biting? If so please describe \_\_\_\_\_

13. What are your accustomed methods of reassuring and rewarding your child? \_\_\_\_\_

14. What are your accustomed methods of responding to your child's negative behavior? \_\_\_\_\_

15. Do you have any outstanding concerns? \_\_\_\_\_

16. Please add any comments that may help me to understand your child. (Ex. Calming techniques etc.) \_\_\_\_\_

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