



# Child Assessment Form

In an effort to help your child adjust to our program and to serve you better, please take a few moments to answer the following questions. Thank you.

Child's Name:	Birth Date:
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1. What is your child's current daily sleeping schedule?

Morning:

Afternoon:

Evening:

\_\_\_\_\_

2. What upsets or frightens your child? \_\_\_\_\_

\_\_\_\_\_

3. What does your child find soothing or comfortable? \_\_\_\_\_

\_\_\_\_\_

4. Does your child have any known allergies?  Yes  No

If yes, please specify: \_\_\_\_\_

5. Does your child have any delays (speech, learning, etc.) that we should be aware of?

Yes  No

If yes, please specify: \_\_\_\_\_

6. Is your child currently in therapy?  Yes  No

If yes, please list therapy and therapist: \_\_\_\_\_

7. Have you spoken with your pediatrician about childhood obesity?  Yes  No

8. Does your child suffer from any chronic illness?  Yes  No

If yes, please specify: \_\_\_\_\_

## INFANTS ONLY

1. Are you currently breast feeding your child?  Yes  No

2. Is your child drinking...? (check all that apply)

Breast Milk

Formula

Whole Milk

Skim Milk

Other (Please list the name of the milk your child is consuming) \_\_\_\_\_

(Please note: CCD is a nut free environment, please refrain from bringing in almond milk or other milk derived from nuts.)

3. Is your child using a...?  Cup  Bottle  Both

4. Is your child eating...?  Baby Food  Table Food

(Please note: All formula must be prepared according to the manufacturer's instructions. Bottle feedings do not contain solid foods unless the child's health care provider supplies instructions and a medical reason for this practice.)

5. Do you have any feeding concerns for your child?

Yes  No

If yes, please specify: \_\_\_\_\_

## INFANTS, TODDLERS, PRESCHOOLERS, PRE-KINDERGARTNERS

1. Has your child begun potty training?  Yes  No

2. Does your child have any behavioral issues we should be aware of? (ie. hitting, kicking, biting)

Yes  No

3. Has your child previously been in school or play groups?  Yes  No

If yes, please specify: \_\_\_\_\_

4. What form of discipline do you use at home?

\_\_\_\_\_

5. What academic skills has your child acquired? (ie. counting, recognizes letters, shapes, can write full name, etc.)

\_\_\_\_\_

\_\_\_\_\_

6. Does your child have any special interests?

\_\_\_\_\_

\_\_\_\_\_

7. Do you want to enroll your child in public or private school for kindergarten?

Public  Private