



Little Disciples Early Learning

Child's Name - \_\_\_\_\_

Please help us to know and understand your child by completing the following information.

Brothers and sisters (names and ages) - \_\_\_\_\_  
\_\_\_\_\_

Is this your child's first real separation from mother? \_\_\_\_\_

Describe your child's favorite toys, games and activities. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family pets - \_\_\_\_\_

Does your child cry easily? \_\_\_\_\_ If so, how is he/she best consoled?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What fears does your child have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel your child has any "behavior problems"? If so, what are they and how do you handle them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any nervous habits (thumb sucking, nail biting, etc.)? \_\_\_\_\_  
If so, what are they and how do you handle them? \_\_\_\_\_

\_\_\_\_\_

Does your child eat independently? \_\_\_\_\_ Do you have any particular eating  
problems with your child? \_\_\_\_\_ If so, how do you handle them?

\_\_\_\_\_

What time does your child get up in the morning \_\_\_\_\_ and go to bed at night?  
\_\_\_\_\_ Does your child take a nap? \_\_\_\_\_ When \_\_\_\_\_ and for how  
long? \_\_\_\_\_ Does your child have any sleeping problems? \_\_\_\_\_ If so, what are  
they and how do you handle them? \_\_\_\_\_

\_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ What is the term used for urination \_\_\_\_\_  
\_\_\_\_\_ and bowel movement? \_\_\_\_\_

Is there a particular time of day the child usually has a bowel movement? \_\_\_\_\_

Does your child need a special toy or blanket to rest with and if so, what is it? \_\_\_\_\_

\_\_\_\_\_

How does your child act when over tired or stimulated? \_\_\_\_\_

\_\_\_\_\_

What methods of discipline do you use? \_\_\_\_\_

\_\_\_\_\_

Does your child play with other children? \_\_\_\_\_

Does your child participate or is he/she content to just watch? \_\_\_\_\_

Do you think your child is a leader or a follower? \_\_\_\_\_

Is your child shy or slow to warm up to new situations? \_\_\_\_\_

Is your child aggressive? \_\_\_\_\_ In what ways? \_\_\_\_\_

What, if any, other activities will your child be participating in (dancing, soccer, etc.)? \_\_\_\_\_

Are there any problems or unusual happenings in your home life that may temporarily affect his/her behavior (new baby, parent gone on a long trip, etc.)? Please keep us apprised all year. All information is confidential. \_\_\_\_\_

Describe your child to us. \_\_\_\_\_

---

---

---

---

---

---

---

---