GETTING TO KNOW ME

INFANT/TODDLER (0-3 YEARS OLD)

Please leave any questions that are unknown blank

IDENTIFYING INFORMATION

Child Name: _____ **Date of Birth:** _____

CHILD CARE

Does child attend childcare? ☐ Yes ☐ No If "Yes", please provide the name and address
Child Care Name: _____ Address: _____

LANGUAGE

Does the child understand what is said? ☐ Yes ☐ No Does the child talk? ☐ Yes ☐ No
Does the child have special names for things? ☐ Yes ☐ No

EDUCATION & SCHOOL

☐ **Early Intervention Services**

Has Early Supports and Services evaluation been completed? ☐ Yes ☐ No
If "Yes", when: _____ What Diagnosis? _____ Services: _____
If "No", is it scheduled? ☐ Yes ☐ No If "Yes", when is it scheduled for: _____
Agency: _____ Phone Number: _____
Address: _____ Contact Person: _____

STRENGTHS AND RESOURCES

	OFTEN	SOMETIMES	SELDOM		OFTEN	SOMETIMES	SELDOM
Benefits from structure	☐	☐	☐	Engaging personality	☐	☐	☐
Creative	☐	☐	☐	Responds to direction	☐	☐	☐
Good self-control	☐	☐	☐	Positive manners	☐	☐	☐

Comments: _____

RECREATION & LEISURE

With whom does the child play? _____ What do they do together? _____
Does the child have a favorite toy? ☐ Yes ☐ No If "Yes", describe: _____
Is the child afraid of any toys or activities? ☐ Yes ☐ No If "Yes", describe: _____

Please rate the following:

DOES THE CHILD:	NEVER	RARELY	SOMETIMES	VERY OFTEN	ALWAYS
Draw or color?	☐	☐	☐	☐	☐
Like to play outside?	☐	☐	☐	☐	☐
Share toys?	☐	☐	☐	☐	☐
Ever play make-believe?	☐	☐	☐	☐	☐
Like sports and group play?	☐	☐	☐	☐	☐
Swim?	☐	☐	☐	☐	☐

Does the child watch television? ☐ Yes ☐ No If "Yes", how much? _____
What are the child's favorite T.V. shows? _____
What T.V. shows is the child not allowed to watch? _____

DIET & NUTRITION FOR CHILD

Does the child feed themselves? ☐ Yes ☐ No Is the child on a feeding schedule? ☐ Yes ☐ No

What times does the child usually eat? _____ _____ _____ _____ _____

What are the child's favorite foods? _____

What food(s) does the child not like? _____

Does the child have any problems with eating *(refuses to eat or over eats)* ☐ Yes ☐ No

Does the child require a special diet? ☐ Yes ☐ No If "Yes" to either question, please specify:

_____

_____

BEHAVIORS *(Identify the child's observed behaviors that may result in harm or injury to self or others)*

	OFTEN	SOMETIMES	SELDOM		OFTEN	SOMETIMES	SELDOM
Sadness or crying	☐	☐	☐	Destructive	☐	☐	☐
Rock or head bang	☐	☐	☐	Bite others	☐	☐	☐
Hold breath	☐	☐	☐	Cruel to animals	☐	☐	☐
Suck Thumb	☐	☐	☐	Tantrums	☐	☐	☐
Poor/low self-esteem	☐	☐	☐	Aggressive	☐	☐	☐
Self-injurious	☐	☐	☐	Other: _____	☐	☐	☐

Details and Comments: _____

_____

DOES THE CHILD:	NEVER	RARELY	SOMETIMES	VERY OFTEN	ALWAYS
Get dressed without help?	☐	☐	☐	☐	☐
Select own clothing?	☐	☐	☐	☐	☐
Cry often?	☐	☐	☐	☐	☐
Take a nap?	☐	☐	☐	☐	☐
Take a toy to bed?	☐	☐	☐	☐	☐
Resist being put to bed?	☐	☐	☐	☐	☐
Walk or talk while sleeping?	☐	☐	☐	☐	☐
Have a bedtime routine?	☐	☐	☐	☐	☐
Have nightmares?	☐	☐	☐	☐	☐
Brush own hair?	☐	☐	☐	☐	☐
Get ready for bed?	☐	☐	☐	☐	☐
Have any fears?	☐	☐	☐	☐	☐
Share a bedroom?	☐	☐	☐	☐	☐
Sleep through the night?	☐	☐	☐	☐	☐
Need help in the bathroom	☐	☐	☐	☐	☐
Use the bathroom in the night?	☐	☐	☐	☐	☐
Want a light on?	☐	☐	☐	☐	☐
Wet or soil the bed?	☐	☐	☐	☐	☐

EMOTIONAL CONSIDERATIONS

What are the child's emotional considerations *(Please list out what makes the child laugh, cry, frustrated and/or afraid)*

_____

_____

Has the child seen or been exposed to any sexual acts? ☐ Yes ☐ No

CHILDHOOD DISEASE HISTORY *(Check all that apply)*

- ☐ Respiratory Diseases
- ☐ Ear/Nose/Throat Conditions
- ☐ Neurological Diseases
- ☐ Developmental Delays
- ☐ Infectious Disease (Mumps, Chicken pox)
- ☐ Other *(please specify)* _____

DRUG EXPOSURE: ☐ Yes ☐ No If "Yes", check all that apply

☐ Alcohol	☐ Amphetamines	☐ Benzodiazepines
☐ Cocaine	☐ Ecstasy	☐ LSD
☐ Marijuana	☐ Methamphetamine	☐ Non-Prescribed Prescription Drugs
☐ Opiates	☐ Steroids	☐ Other *(Specify)*: _____

This form was completed by *(Please Print)***:** _____ Relationship: _____

This form was completed on *(Date)***:** _____

This information is authorized to be shared with Community-Based Service Providers and/or Placement Providers for the purposes of case planning and in order to maintain safety, permanency, and well-being for the child.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Parent/Guardian Date