

Needs & Services Plan

Child's Name: _____ Nickname: _____ Birthday: _____

Parent/Guardian Name(s): _____ Date: _____

<i>GENERAL INFORMATION</i>
Who has provided care for your child before now? Please describe the setting.
How does your child respond to new people and new situations?
Does your child have a security item? If so, what and how often do they use it?
How does your child interact with other children?
Does your child have special interests or activities that he/she enjoys?
Is there any pertinent information about your child's health or personal history we should know?
Describe your child's development.
What helps to console your child if he or she is upset?
<i>HOME LIFE</i>
Describe a typical day at home.

Who lives with your child?

Describe your child's siblings

What language(s) are spoken at home?

HEALTH

What do we need to know about your child's health?

Does your child's behavior change when he or she is getting sick?

Who should we contact if your child becomes sick at school?

BOTTLE FEEDING

Will you provide pre-made formula, breast milk, or both?

If breast feeding, does your child also have experience with the bottle?

What is your child's bottle feeding schedule?

Is there any other information you would like us to know?

EATING

Is your child eating solid foods?

Describe your child's meal schedule.

Does your child have any food allergies or restrictions?

What types of foods does your child like and dislike?

What is your child's Eating Habits?

DIAPERING AND TOILETING

Diapers are changed every 2 hours or if needed. Will this work for you?

Describe how you use creams, powders, and wipes for your child.

Are there any special instructions we should know?

What are your plans for potty training? How can we partner with you to ensure success?

SLEEPING

What is your child's typical nap schedule?

Is there anything we can do to assist your child with falling asleep?

Does your child sleep with a pacifier, soft toy, blanket or any other special items?

Do you have any concerns regarding nap time?

ADDITIONAL INFORMATION

Is there anything else we should know?

Parent Signature

Date

Teacher Signature

Date:

Management Signature

Date