

# Getting to know your Toddler/Preschooler

(To be completed by parent before admission)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

<p>1. How would you say your child handles <b>separation</b>? _____ _____ _____</p> <p>2. How would you describe your child's <b>eating habits</b>? _____ _____ _____</p> <p>3. How would you describe your child's <b>napping &amp; sleeping habits</b>? _____ _____ _____</p> <p>4. How does your child <b>communicate</b> with you? With others? _____ _____ _____</p> <p>5. What is your child's <b>likes</b>? What does he/she like to do? _____ _____ _____</p> <p>6. What is your child's <b>dislikes</b>? What does he/she not like to do? _____ _____ _____</p> <p>7. What else should we know about your child? _____ _____ _____</p> <p>8. Are there any other concerns or questions you have? _____ _____ _____ _____</p>
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