

Victory Learning Center

1307 Lebanon Road Nashville, TN 37210

615-843-5830

Getting to Know your Child:

Child's Name: _____ Date: _____

Health

Does your child have any allergies? _____ Yes _____ No

List allergies: _____

What symptoms does the child have with these allergies? _____

List any recurring illness or health problems that the child has: _____

Eating Habits

*For infants, please use a separate sheet and include information about formula, bottle schedules, etc.

What is his/her general attitude toward eating? _____

If child refuses to eat, how would you like this handled? _____

Favorite Foods:

Disliked Foods

Naptime Habits

What is his/her general attitude toward naps? _____

Length of naps: _____

If there is difficulty with naps, how would you like this handled? _____

If your child is not in diapers, does the child wet the bed? _____

At nap time? _____ At night? _____

If so, how would you like this handled? _____

Toilet Habits

Is child potty trained? _____ Frequency of Accidents? _____

Does child tell when they need to go to the restroom? _____

Does the child go willingly? _____

Does child need assistance in restroom wiping themselves? _____

Does child need assistance managing their clothes? _____

What word does child use for urinating? _____

What word does child use for bowel movement? _____

Communication and Physical Growth

Mark all that apply to your child:

VERBAL COMMUNICATION	WELL		FAIRLY WELL		NOT VERY WELL		NOT AT ALL	
WHAT AGE DID YOUR CHILD	CREEP		CRAWL		WALK			
DESCRIBE YOUR CHILD	ACTIVE		QUIET					
DESCRIBE YOUR CHILD'S WEIGHT	AVERAGE WEIGHT		MORE		LESS			
DESCRIBE YOUR CHILD'S HEIGHT	AVERAGE HEIGHT		MORE		LESS			
DESCRIBE YOUR CHILD'S INTERACTION	OUTGOING		TIMID		RESERVED			
YOUR CHILD PREFERS	TO BE ALONE		WITH A GROUP					

Is there anything else you would like us to know? _____
