

7. Briefly describe your child's birth experience. (vaginal, c-section, length of labor, any complications)
8. Briefly describe your child's first three months of life.(feeding, sleep, play patterns, illness, temperament)
9. What is your child's previous experience with substitute care or in a group setting?
10. Does your child generally prefer to play alone or with children/siblings? How does s/he get along with peers?
11. Describe your child's general personality! (explorer, contemplative, big talker...!)
12. Who generally handles discipline in your home?
13. Describe the method generally used. Does it seem to be effective?
14. How does your child usually react to separation from you?
15. Does your child have any strong fears or dislikes?
16. Please describe how you usually soothe your child if s/he is upset, hurt or just needs some special comforting.
17. What else should we know in order to provide sensitive and individualized care for your child?

We feel that parent participation directly effects the quality of care your child receives. Do you have any interests, hobbies, *time* or access to resources you would like to share with the class? Can we visit you at your work place!?:

Additional Comments or 'Helpful Information':

Parent(s) Signature(s) _____

Date _____