



**ORFALEA FAMILY CHILDREN'S CENTER
INFANT-TODDLER PROGRAM
FAMILY INFORMATION/CHILD NEEDS AND SERVICE
PLAN**

Dear Parents,

We have compiled the following questions in order to learn more about your family and your child. This will allow us to provide the best individualized care we can. While we feel each question is valuable, please understand that answering is optional. This information is read only by the Teachers in your classroom and the Program Coordinator. The form will be kept confidential. Thank you for sharing this information with us. We look forward to caring for your child.

Child's Name: _____ Birth Date: ____/____/____
Prefers to be called: _____

FAMILY INFORMATION

1. List all people living in the home; include names, ages and relationship to the child:

2. Could you share your marital status and the relationships your child has with partners or parents. If the child's other parent is not living in your home please describe visitation arrangements.

3. What is your country of Origin? _____ How long have you lived in the U.S.A.? _____ What languages are spoken in your home?

4. Parent's present occupation?

5. What has your child's substitute care experiences been prior to the Children's Center?

6. Briefly describe your child's birth experience. (vaginal, c-section, length of labor, any complications)

7. Briefly describe your child's first three months of life. (feeding, sleep and play patterns, illnesses, temperament)
8. How does your child generally react to separation from you?
9. Name a few activities that your child particularly enjoys:
10. Does your child prefer to play alone or with other playmates (and siblings) when they are available?
11. How does your child get along with peers
12. Describe your child's general personality (explorer, contemplative, social, always on the go, big talker...)
13. Who generally handles discipline in your home?
14. Describe the discipline method used. Does it seem to be effective?
15. Does your child have any fears or strong dislikes?
16. Please describe your techniques for soothing your child when he or she is tired, hurt, upset or just needs some special comforting.
17. Name one or two of your child's characteristics, mannerisms or habits which you find most endearing.
18. Our center feels that parent participation directly affects the quality of care that your child receives. Do you have any hobbies, skills or access to resources to share with our class? For example sewing, carpentry, cooking, singing, etc...

CHILD'S NEEDS AND SERVICE PLAN

PLEASE COMPLETE TO BE REVIEWED WITH YOUR CLASSROOM LEAD TEACHER

1. Please list the usual routines or schedules for the following activities:

EATING: General feeding routines: Times, likes and dislikes

Breakfast:

Lunch:

Snacks:

Kind of food preferred: _____ Baby food _____ Finger food _____ A combination

Does s/he use any eating utensils? _____ Does s/he drink from a cup? _____

Is your child using a bottle? _____ If so, at what times of day? _____

The bottle contains: _____ Brest Milk _____ Formula (Type of Formula): _____
_____ Whole Milk _____ Water _____ Fruit Juice

Does your child use a pacifier? _____ When? _____

Words for bottle _____ Pacifier _____

Does your child have any food allergies we need to be aware of:

NAPPING: Number per day _____ time(s): _____

General length child sleeps at each nap: _____

Routine (i.e. story, song, rocking)? _____

Preferred sleeping position? _____ (Infants under 12 mos will always be placed on their backs.)

Words for blanket, teddy....?: _____

DAILY ROUTINES: Please summarize your child's daily schedule. List feedings and nap sequence.

AM:

PM:

TOILETING: special words for urination: _____ b.m. _____

Is your child doing any self-toileting? _____

Is your child using diapers? _____ Cloth : _____ Disposable: _____

2. Does your child have any allergies, speech or hearing challenges or any other special needs or conditions of which we should be aware?

3. What else should we know in order to provide sensitive, individualized care for your child? Additional notes:

Parent's Signature

Date

Lead Teacher's Signature

Date

THIS PLAN NEEDS TO BE UPDATED QUARTERLY FOR INFANTS

NEEDS AND SERVICE PLAN REVIEWS

Date: ____/____/____ Child's age: ____

Please note any changes to feeding or special needs plan at this time: New foods to introduce, etc...

Parent Signature

Date

Lead Teacher Signature

Date

Date: ____/____/____ Child's age: ____

Please note any changes to feeding or special needs plan at this time: New foods to introduce, etc...

Parent Signature

Date

Lead Teacher Signature

Date