



PARENT QUESTIONNAIRE FOR INFANTS & TODDLERS

The Haverford Center at The Haverford School

Dear Parents,

Please fill out this questionnaire to help us provide your child with a smooth transition and a successful child care experience. Thank you!

CHILD'S NAME _____

DATE OF BIRTH _____

PHYSICAL DEVELOPMENT

Does your child:

_____ sit with support	_____ sit unassisted	_____ crawl forward/backward
_____ stand	_____ walk with assistance	_____ walk unassisted
_____ run	_____ go up steps	_____ go down steps

SLEEPING HABITS

My child usually naps _____ times/day

from: _____	to _____
from: _____	to _____
from: _____	to _____

My child sleeps at night from _____ p.m. to _____ a.m.

Does your child have any sleep disturbances?

Does your child sleep with any special object?

Does your child sleep in her/his crib at night? Yes _____ No* _____

* If No, please explain.

How often does your child need to be held during the day?

How long can your child amuse him/herself?

How does your child communicate? (crying, pointing, phrases, sentences):

Can others understand your child's method of communication?

Is your child afraid of: _____ strangers _____ new situations _____ animals

List any other fears:

Your child's favorite toys and activities:

How does your child react to sharing his/her toys?

How does your child express anger?

How do you and your family spend time together?

SPECIAL MEDICAL CONSIDERATIONS

Please list any:

Does your child have any distinguishing birthmarks?

PARENTS' EXPECTATIONS

What are your goals and expectations for your child at The Haverford Center?

Do you have any special concerns or questions to which you would like to draw our attention?

How would you like to participate in our program?

_____ share a special skill/interest: _____

_____ assist with classroom activities: _____

_____ join us for special events: _____

_____ other: _____

Signature of Parent or legal guardian

Date

Academic year: _____