

Label Here

Child's Name _____

Program _____

PY

CHILD PROFILE

These questions will help us understand your child better and know what is usual for him/her or what, if anything, we should be concerned about:

| | |
|----|---|
| 1 | What do you like most about your child? |
| 2 | List one or two things your child likes to do or does very well. |
| 3 | What makes your child sad or angry? |
| 4 | What scares your child? |
| 5 | How does your child usually tell you what he/she wants or needs? |
| 6 | Do <u>you</u> have difficulty understanding what your child says (in the language he/she usually speaks)? <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> A Lot |
| 7 | Do other people have difficulty understanding what your child says (in the language he/she usually speaks)? <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> A Lot |
| 8 | Does your child have trouble expressing ideas, frequently getting things mixed up? |
| 9 | Do you think your child is slow to 'catch on' or doesn't seem to understand well? |
| 10 | Does your child need help going to the toilet during the day or night? Does your child wet his/her clothing? <input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Frequent |
| 11 | Has your child had the opportunity to feed him/herself? (drinking from a cup, using utensils, serving self, etc) How well does he /she do with this? |
| 12 | Where does your child eat his/her meals? With who? |

CHILD PROFILE

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|--|---|--|-----|-------|-----|-------|-----|---------------------|--|--|--|-------|--|-----------------------------------|--|---|--|--------------------------|--|------------------------------|--|------------------------|--|--|--|----------------------|--|
| 13 | Has your child had the opportunity to dress him/herself? Are there clothes (<i>pants, coats, shirts, etc</i>) or fasteners (<i>zippers, buttons, Velcro, etc</i>) that your child needs help with? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Does your child take a nap? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how long? What time? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | What time does your child go to sleep at night? Where? When does he/she get up? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Does your child like best to play alone?__ or with adults?__ or with siblings?__ or w/ other children?__ What are their ages? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | In a week, how often does your child get outside to play? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Are there any really important things that have happened to affect your child/family (moved, new baby, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Has your child seen or experienced abuse or violence? If yes, what has he/she seen or experienced? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | How do you discipline your child? <input type="checkbox"/> Take away TV <input type="checkbox"/> Give food treats <input type="checkbox"/> Send to room <input type="checkbox"/> Sit in corner <input type="checkbox"/> Take away Toys <input type="checkbox"/> Spank <input type="checkbox"/> Scold <input type="checkbox"/> Yell at him/her <input type="checkbox"/> Hug <input type="checkbox"/> Reason w/ him/her <input type="checkbox"/> Tell how much you care <input type="checkbox"/> Take away meals <input type="checkbox"/> Leave behind when taking others out <input type="checkbox"/> Cuddle/show affection <input type="checkbox"/> What other ways have you tried? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | At ABOUT what age did your child learn to do the following: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 35%;">Skill</th> <th style="width: 15%;">Age</th> <th style="width: 35%;">Skill</th> <th style="width: 15%;">Age</th> </tr> </thead> <tbody> <tr> <td>Sit up without help</td> <td></td> <td>Dresses self (<i>pull-on shirts/pants</i>)</td> <td></td> </tr> <tr> <td>Crawl</td> <td></td> <td>Feed self (<i>finger foods</i>)</td> <td></td> </tr> <tr> <td>Walk (<i>several steps w/o support</i>)</td> <td></td> <td>Follow 1-step directions</td> <td></td> </tr> <tr> <td>Talk (<i>single words</i>)</td> <td></td> <td>Toilet trained - night</td> <td></td> </tr> <tr> <td>Talk (<i>combine words to short sentences</i>)</td> <td></td> <td>Toilet trained - day</td> <td></td> </tr> </tbody> </table> | | | Skill | Age | Skill | Age | Sit up without help | | Dresses self (<i>pull-on shirts/pants</i>) | | Crawl | | Feed self (<i>finger foods</i>) | | Walk (<i>several steps w/o support</i>) | | Follow 1-step directions | | Talk (<i>single words</i>) | | Toilet trained - night | | Talk (<i>combine words to short sentences</i>) | | Toilet trained - day | |
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| 22 | What are the most important things you would like Head Start to teach your child? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Other things you want us to know about your child: | | | | | | | | | | | | | | | | | | | | | | | | | | |