## Intake Form (For children 2 years of age and older)

Child's Name	_ Birthdate
Arrival/Departure	
What will help you and your child say good-bye to each other in the morning? _	
What will help you and your child say hello to each other at pick-up time?	
Diapering & Toileting	
Does your child wear diapers, pull-ups, or underwear?	
Is your child beginning to use the toilet?	
Are there any special instructions for diaper changing or toileting?	
What words does your child use for BM, urination?	
Sleeping	
How will we know that your child is tired and needs to sleep?	
What helps your child to fall asleep?	
How does your child typically wake up, i.e. quickly or slowly, mood upon awaker	ning?
Eating	
What are some of your child's favorite foods?	
What foods does your child dislike?	
Are there any foods you would prefer your child not to eat?	

## Dressing

Does your child dress and undress independently?
Is there anything we should know about dressing and undressing your child?
Social/ Communication
By what name do you usually call your child?
What do you see as your child's strengths?
Is your child used to playing with other children?
What goals do you have for your child while they are in our program?
What do you most want your child to learn in our program? Hopes and dreams for your child?
Tell us any words that your child uses that would be helpful to us, especially those used to describe their needs:
Are there any areas in which you anticipate difficulty for your child? (sharing, following directions)
Does your child have any physical limitations that we should be aware of? If so, please explain
Does your child have fears that you are aware of?
Does your child have tantrums? If so, how do you respond to the tantrums?
How do they respond to being given direction/redirection?
What are your child's stressors?
Any information about your child's habits, abilities, or personality which you feel would help staff in providing a good
experience for him or her?