

STUDENT QUESTIONNAIRE

1. Describe your child's sleep habits. (Include bedtime, naptime, special "lovey" or binky needed?)
2. Is your child potty trained? What words do you use? What else should we know about potty training your child?
3. Describe your child's eating habits and preferences
4. How do you discipline your child? What works? What doesn't?
5. When did your child start to crawl? Walk? Talk?
6. What is your child scared of?
7. What else do we need to know about your child to keep him/her safe and happy?

MEDICAL INFORMATION

1. Are your child's immunizations current/up-to-date? If no, please explain
2. Has your child had any major illnesses, surgeries, or other hospitalization? If yes, please describe.
3. Has your child had frequent or persistent colds, sore throats, ear infections, rashes, breathing troubles, seizures, nosebleeds, constipation, vision or hearing problems? If yes, please describe.
4. Does your child have any special dietary needs or restrictions? Life-threatening allergies or intolerances to foods or other allergens? If yes, please describe.
5. Does your child have any developmental delays? If yes, please provide IEP or other psychological assessments to be included in child's file.