

Sleeping Habits

Does your child take naps?	From: _____	To: _____	Average hours: _____
At night your child sleep	From: _____	To: _____	Average hours: _____
Your child sleeps	<input type="checkbox"/> in his/her own room <input type="checkbox"/> with parent(s) <input type="checkbox"/> with other children		
What is your child's attitude towards going to bed?	_____		
What is your child's favorite item for nap?	_____		
if there is difficulty in sleeping, how do you handle it?	_____		

Toilet Habits

Is your child toilet trained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child need help with	<input type="checkbox"/> Dressing	<input type="checkbox"/> Washing hands <input type="checkbox"/> Toilet
Does your child ask you to go to the toilet with him/her?	_____	
Time of bowel movement?	<input type="checkbox"/> Regular	<input type="checkbox"/> Constipation
What word does your child use for urinating?	_____	Bowel Movement? _____

Physical Growth/Personal Interest

How does your child express anger or react to frustration?	_____
What causes your child to show his/her temper?	_____
How do you discipline your child?	_____
How does your child act when you discipline him/her?	_____
Does anyone read to your child? Who?	_____ How often? _____
Does your child talk well for his age?	_____ age your child began to use language _____
Have you detected or suspected difficulties in	<input type="checkbox"/> hearing <input type="checkbox"/> sight <input type="checkbox"/> speech
What are your child's play interests? (preference for creative, dramatic, or constructive play?)	_____
Does your child enjoy	<input type="checkbox"/> music <input type="checkbox"/> singing <input type="checkbox"/> musical instrument
Your child's favorite activities, games, songs, books, color, pets:	_____
Does your child watch TV? Approximately how many hours per day?	_____
What programs does your child watch?	_____
What do you enjoy the most about your child?	_____
How would you describe your child's personality characteristic?	_____
Is your child afraid of anything? How do you deal with it?	_____
Is there anything else in your child's experience you would like to tell us so that we can better meet your child's need?	_____