

All About Me



Child's preferred name _____ Birth Date _____

1. What time does your child go to bed at night? _____
2. What time does your child wake up in the morning? _____
3. Please list your child's most like foods for-
4. Breakfast _____
5. Lunch _____
6. Snack _____
7. List of foods your child likes least or just will not eat:

8. Does your child have any fears, such as: dogs, sirens, storms, etc.?

9. Type of pets at home and name?

10. Has your child stayed with any other adults besides parents?

11. What are your child's favorite playthings? Pets? Books? Blankets?

12. What activities does your child enjoy doing at home? What's their favorite hangout spot?

13. Does your child have any habits or mannerisms such as thumb sucking? If so, please describe.

14. What are your methods of reassuring and rewarding your child?

15. What are your methods of responding to your child's negative behavior?

16. What special family traditions or holidays does your family celebrate?

17. Do you have any outstanding concerns?

18. Please write your child's typical schedule on the back of this form.
19. Also include names and birthdays of those special to your child on the back of this form (parents, siblings, grandparents, close family friends, etc.)