

Child's name _____ Date of Birth ____/____/____
Last First

Male Female

Please list the members of your household, their relationship to your child, and what your child calls them:

Pets: no
yes if yes kind(s) and name(s) _____

Language(s) spoken at home:

Ethnic or religious customs:

What past experiences does your child have with other groups of children? _____

Childcare used in addition to ours:

Child's reaction to social situations:

Does child prefer to play: alone with others

Behavior management method used at home:

Child's fears/how handled:

Calming method used when child is upset:

Object(s) child uses to comfort himself/herself:

Special name for pacifier/blanket:

Child's favorite toys/activities:

Foods child likes: _____

Foods child dislikes: _____

Time child eats:

Breakfast _____:_____

Lunch _____:_____

Dinner _____:_____

Snacks _____:_____

_____:_____

Utensils child uses:

- fork
- spoon
- knife
- chopsticks

Toilet Learning

Is child: not trained showing interest
somewhat trained completely toilet trained

explain _____

Does child use at home: potty chair
special toilet seat
regular toilet seat

Words used to indicate need to urinate/have bowel

movement: _____

I give permission for the following products to be used
on my child:

Barrier cream Sunscreen
Wipes Hand/Body Lotion

Signed: _____

Date: ____/____/____

Time child:
wakes up: ____:____ goes to bed: ____:____
Naps: _____ a.m./p.m.
for how long _____

Special needs or concerns staff should be aware of to
assist us in caring for your child _

Does child have an:
 Individual Family Service Plan (IFSP)
 Individual Education Plan (IEP)
If, yes please provide.

ASQ-3 Consent

The first 5 years of life are very important for your child because this time sets the stage for success in school and later life. As part of this service, we provide the Ages and Stages Questionnaires, Third Edition (ASQ-3), to help us keep track of your child's development. Within three months entry into the program, a questionnaire will be provided and can be repeated as needed. You will be asked to answer questions about some things your child can and cannot do. The questionnaire includes questions about your child's communication, gross motor, fine motor, problem solving, and personal-social skills.

If the questionnaire shows that your child is developing without concerns, we will provide some activities designed for use with ASQ-3 to encourage your child's development and will provide the next questionnaire at the appropriate time. If the questionnaire shows some possible concerns, we will contact you about getting a more involved assessment for your child. Information will only be shared with other agencies with your written consent.

Please read the text below and mark the desired space to indicate whether you will participate in the screening/monitoring program.

I have read the information provided about the Ages & Stages Questionnaires Third Edition (ASQ-3), and I wish to have my child participate in the screening/monitoring program. I will fill out questionnaires about my child's development and will promptly return the completed questionnaires.

I do not wish to participate in the screening/monitoring program. I have read the provided information about the Ages & Stages Questionnaires, third Edition (ASQ-3), and understand the purpose of this program.

Parent or guardian's signature

Date

If child was born 3 or more weeks prematurely, # of weeks premature: _____

Child's primary physician: _____