



In an effort to begin building a relationship with your child, we invite you to complete this questionnaire. We look forward to discussing these questions directly with your child too.

Child's Full Name _____ Nickname _____

Birthdate _____

Eye Color _____ Hair Color _____

Weight _____ Height _____

Parent's names _____ / _____

Occupation _____ / _____

Siblings names _____ / _____

Environmental/Food Allergies and medication required

Other medical condition and or medication taken at home

My child is very interested in

My child's current favorite toys are

My child's current favorite books are

My child's favorite shows or movies are

My child's favorite songs or kinds of music are

When my child is comfortable in a situation, you can tell because

When my child is shy or uncomfortable, he/she

When my child is happy, he/she

When my child is embarrassed, he/she

When my child is angry, he/she

When my child is overly tired, he/she

What strategies do you use to comfort your child?

My child naps (Yes/No) from _____ to _____, _____ days a week.

My child's naptime routine is

My child is toilet trained. (Yes/No)

Please give us any information to help your child with this important milestone.

Is your child familiar to a particular scent? If so, which one/s?

What is the kindest thing a person outside your family has ever done for your child?
