



Toddler Profile Form (13 months to 3 years)

Child's Name: _____

Child information

How would you describe your child? _____

What language(s) does your child speak/ understand? _____

What is the primary language spoken at home? _____

Is this your child's first childcare experience? Yes No

If no, please describe your child's previous daycare experience: _____

What are you child's favorite toys? _____

What are you child's favorite activities? _____

What family activities does your child enjoys? _____

Does your child go outside often? Yes No

Does your child have any fears? Yes No

If yes, what are they and how does your child deal with them? _____

How does your child deal with strong emotions? _____

What has been effective to calm/comfort your child? _____

Does your child have any special needs? Yes No

If yes, please describe: _____

Does your child have any health issues/ history? Yes No

If yes, please describe: _____

Is there anything else you'd like us to know about your child? _____

Eating

Does your child have a good appetite? Yes No

What is your child's favorite foods? _____

What foods does your child dislike? _____

Does your child have any food allergies? Yes No

If yes, please describe: _____

Please describe a typical menu for your child:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Sleeping

Does your child nap? Yes No

If yes, how long? _____

How long does your child sleep at night? _____

Does your baby have a special toy (e.g., teddy, pacifier, blanket, etc.?), a blanket, etc.)? Yes No

If yes, please describe: _____

Toileting

Is your child toilet trained? Yes No

If yes, what words does your child use to indicate he/she has to urinate or make a bowel movement?

Child uses: A potty chair An adult toilet