

EARLY CHILDHOOD LEARNING CENTER

June 2010

Dear Parents,

Please take time to fill out the enclosed **Child Development Profile**. The information requested will help the teaching staff to begin to understand your child, his/her needs and your desired relationship with the Early Childhood Learning Center. It will enable us to plan a program best suited to the needs of all our children. We thank you for your cooperation and wish you to know that this form and its contents are entirely confidential.

Sincerely,

A handwritten signature in cursive script that reads "Nancy-Ellen Micco".

Nancy-Ellen Micco
Director

**EARLY CHILDHOOD LEARNING CENTER CHILD
DEVELOPMENT PROFILE
SEPTEMBER 2010**

YOUR FAMILY

Child's Name _____ Sex _____
Birth date _____ Birthplace _____
Home address _____ Home telephone _____

PARENTS INFORMATION

1st Parent _____ Occupation _____
Bus. Address _____ Bus. Telephone _____

Cell Phone _____ E-mail Address _____

1st Parent _____ Occupation _____
Bus. Address _____ Bus. Telephone _____

Cell Phone _____ E-mail Address _____

SIBLINGS

Name _____ Age _____ Sex _____
Schools Attended _____

Name _____ Age _____ Sex _____
Schools Attended _____

Name _____ Age _____ Sex _____
Schools Attended _____

Are there any other members of your household? What is their relationship to your child? _____

If your child does not live with both parents in one household, please answer the following:

Are you legally separated? _____ Divorced? _____

Is either a divorce or separation pending? _____

Who is the custodial parent? _____

Is there joint custody? Please explain childcare arrangement. _____

Do you employ a caregiver for your child? Yes _____ No _____
If yes, what is his/her name _____ Phone number _____
What are his/her responsibilities? _____
How many hours a week does he/she care for your child? _____

Is he/she fully fluent and/or articulate in the English language? Yes _____ No _____
If no, which is his/her first language? _____

YOUR CHILD

Was there anything unusual about your pregnancy or your child's birth? _____

What was your child like as a newborn? _____

If your child was adopted, have you shared this with him/her? If so, how? _____

Tell us about your child. What are his/her favorite things to do, places to go, things to play with?

Child's speech: Clear _____ Understandable _____ Difficult to understand _____
If difficult to understand, please describe: _____

What languages are spoken in your home? _____

What is your child's first language? _____

Which language is your child accustomed to speaking? _____

Is your child currently receiving any services – speech or otherwise? _____

If so, provider's name and/or agency name: _____

How many hours per week does your child receive services? _____

What are your child's favorite foods? _____

Is your child weaned from the bottle? _____ If so, at what age? _____

Has your child been weaned from a sippy cup? _____ If so, at what age? _____

Does your child have any food allergies and/or eating/dietary issues? _____

What are they? _____

How do his/her allergies manifest themselves? _____

What precautions need to be taken? _____

Does your child eat with the family? _____ Does he/she feed himself? _____

What does he/she use? fork _____ spoon _____ hands? _____

When does he/she usually get hungry? _____

How frequently does your child eat during the day? _____

Is your child accustomed to walking? _____
Is he/she likely to come to school in a stroller? _____

SLEEPING

Does your child usually nap? _____ Length of nap? _____

Nighttime Routines: What time does your child go to bed? _____ Wake up? _____

Does your child sleep in a crib or a bed? _____

When was this transition made? _____

Does he/she take anything to bed with him/her, such as a blanket, doll, or stuffed animal?

Specify: _____

Describe rituals that may accompany going to sleep, such as rocking, stories, singing, etc. _____

Does your child usually sleep through the night? _____

What is his/her mood upon awakening? _____

Does your child suck his/her thumb, fingers or have other comforting activities? _____

Further comments? _____

SEPARATION

How does your child respond to new situations? With you? With caregiver?

How does he/she respond when you leave? _____

How do you handle this? _____

Describe any lengthy separation experiences your child has had. _____

Please list all non-family members caring for your child. _____

SCHEDULE

Describe your child's typical daily schedule when not at the Early Childhood Learning Center.

Do you feel it is important to you or your child for his/her schedule to be the same every day?

Why or why not? _____

How does your child respond to sudden changes or surprises in his/her schedule?

TOILETING

Is your child toilet trained? _____ Bowel? _____ Urination? _____

Does your child indicate his/her bathroom needs? _____

With which words or signals? _____

Are reminders necessary? _____ How frequently? _____

What is your child's attitude about using the toilet and his/her independence in respect to toileting? _____

***** Please note that children entering the III's in September must be toilet trained. *****

FEELINGS AND SENSITIVITIES

Is your child sensitive to temperature? light? sound? touch? smell?

What makes him/her sad? _____

Happy? _____

Frightened? _____

Angry? _____

Aggressive? _____

Withdrawn? _____

What games/activities does your child particularly enjoy? Avoid? _____

How do you see your relationship with your child's teachers? _____

With other parents? _____

With the director? _____

Is there any other information you would like to share with us about your child?

Signature _____

Date _____