

Child's Name (Last, First, MI)



Toddler Questionnaire (12 MONTHS – 36 MONTHS)

1. <i>Does your child use a pacifier at home?</i>	Yes	No
2. <i>Does your child drink from a bottle or cup?</i>	Bottle	Cup
3. <i>Does your child get hot or cold easily?</i>		
4. <i>Does your child nap? If so, when and for how long?</i>		
5. <i>What special ways do you comfort and soothe your child to fall asleep?</i>		
6. <i>Does your child have a special blanket or other attachment item? If so, what is the item and what word does your child use for the item?</i>		
7. <i>What is your child's temperament (i.e. sensitive, energetic, outgoing, etc.)?</i>		
8. <i>Does your child have fussy times? If yes, frequency and duration?</i>		
9. <i>Is your child sensitive to any kind of diapers or wipes, etc.?</i>		
10. <i>What are your child's likes/dislikes?</i>		
11. <i>Is your child sensitive to sound? If so, what noises bother him/her?</i>		
12. <i>Does your child currently interact with other children his or her age outside of childcare? If so, how often and what age?</i>		

13. <i>Has your child been known to bite?</i>		
14. <i>Is your child potty-trained?</i>	Yes	No
15. <i>Other Comments or Concerns?</i> <i>(Please continue on back or separate sheet of paper if necessary)</i>		

(Continued – more information for previous questions):