

Toddler Daily Care Information Sheet

Child's Name: _____ Date of Birth: _____

Diapering/Toileting

Is your child prone to diaper rash? () Yes () No

Have you supplied diaper rash Cream* for your child? () Yes () No

Please list any specific instructions the teacher needs to know about when/how to use your child's diaper cream:

Please list any dietary or other concerns that would cause your child's stools to be abnormal even when he/she is in good health:

Is your child toilet-trained? () Yes () No

If yes, does he/she need help when going to the bathroom? () Yes () No

In what way does your child need help?

Does your child tell when he/she needs to go to the toilet? () Yes () No

Is he/she likely to have accidents? () Yes () No

What terminology does your child use to indicate when he/she needs to go to the toilet?

Eating Habits

Is your child able to feed him/herself? () Yes () No

Can your child use utensils, such as spoons and forks? () Yes () No

Are there any special techniques a teacher might use to get your child to eat?

Please list any additional information your child's teacher might need to know about your child's eating habits or diet/meal schedule:

IMPORTANT—Please list any food allergies you will also need to fill out a special diet statement):

Comfort Techniques

What techniques do you find most effective for calming your child when he/she is upset (rocking, singing, etc.)?

General Communication

Does your child have special words or gestures to communicate things that the teacher might not readily understand?

If so, explain:

Sleeping Habits

Does your child sleep with anything special? _____

Does he/she usually take a nap? () Yes () No

When and for how long? _____

Additional Comments for Care:
