Date: _____

Infant/Toddler
Needs & Service Plan

The purpose of this form is to help the primary teacher gain a better understanding of your child. Please feel free to add any information which you think might be helpful. Do not feel obligated to complete questions of which you are unsure. When you have the intake interview with the teacher you may wish to discuss some of these items at that time.

<table>
<tr><td>Child's Name:</td><td>Nickname:</td><td>Birthday:</td><td>Height:</td><td>Weight:</td></tr>
<tr><td colspan="2">With whom does your child live?</td><td colspan="3">Check if your child drinks:
☐ Breast Milk
☐ Formula
If formula, what kind: _____</td></tr>
<tr><td>Name of Sibling(s):
_____
_____</td><td>Age:
_____
_____</td><td colspan="3">Eating Schedule:
_____ _____ _____ _____ _____</td></tr>
<tr><td colspan="2">Other people your child sees frequently:</td><td colspan="3">How many ounces per feeding?
_____ _____ _____ _____ _____</td></tr>
<tr><td colspan="2">What upsets or frightens your child?</td><td colspan="3" rowspan="2">Anything special we should know about your child or family: (e.g. recent move, change in family size)</td></tr>
<tr><td colspan="2">Is your child on solid foods? ☐ Yes ☐ No

If yes, what kinds of solid food:</td></tr>
<tr><td colspan="2">Does your child need to be rocked to sleep? ☐ Yes ☐ No

If no, specify what other methods to use:</td><td colspan="3">How often?

Does your child have any allergies? ☐ Yes ☐ No
If yes, please state allergies:
_____
_____
(If yes, also specify on the Blue Emergency Card)</td></tr>
<tr><td colspan="2">List comfort items (e.g. pacifier, blanket, etc.)</td><td colspan="3" rowspan="2">Other information for your child's teacher:
_____
_____
_____
_____
_____</td></tr>
<tr><td colspan="2">Check if your child has any history of:
☐ Vision impairment or eye infection
☐ Hearing impairment or ear infection
☐ Speech problems</td></tr>
</table>

_____ _____

Signature of Parent/Guardian **Date**