

## TODDLER INTAKE INTERVIEW QUESTIONS

Please complete this questionnaire at your convenience and return it to your child's Toddler Lead Teacher. Feel free to setup a conference at this time to discuss any questions you have about your child's new room!

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

### DEVELOPMENT

1. What skills has your toddler acquired (i.e., potty learning, vocabulary, etc.)?
2. What new skills are you hoping he/she will acquire soon (i.e., potty learning)?

### ACTIVITIES

1. What are your child's favorite activities/play items?
2. What are his/her dislikes?
3. What do you like to do together?
4. Does your toddler entertain him/herself?

### RESPONSE TO PEOPLE AND PLACES/SITUATIONS

1. How does he/she respond to new people and places?
2. How do you help him/her become comfortable in these situations?
3. Has your child been in a childcare setting previously? If so, how did your child respond?
4. Does your child have any special friends? What are the names of these friends?
5. What does your child tend to do when he/she becomes frustrated?

### PARENT QUESTIONS/CONCERNS

1. What hours/days will your child be attending on a regular basis?
2. Sometimes transitions are as hard on the parents (or harder) than they are for the child. Do you have any special requests for ways in which we can make this transition easier for your?
3. Is there anything else you would like us to know about your child that might help us in providing the best care possible?

## **FAMILY RELATIONSHIPS**

1. Helping children develop language is one of our primary goals. We can do this most effectively when we know a little about your child's family. For that reason, we'd appreciate it if you would share with us who lives in the home with your child (pets included).

## **EATING**

1. Please share with us some thoughts about your child's food likes and dislikes, as well as any information regarding food allergies.
2. Does your child have any eating "rituals"?

## **SLEEPING**

1. Does your child typically nap?
2. What is his/her routine for going to sleep? Does your child take anything to sleep with him/her (i.e., pacifier, stuffed animal, blanket, etc.)?

## **BATHROOM**

1. Is your child toilet trained?
2. If not, what stage of learning is your child in at present? How can we work together on this area?
3. Are there any special words you use when questioning him/her about having to use the bathroom?
4. Do you use any special medications, powders or ointments with diapering?