Texas A&M University-Commerce

Children’s Learning Center

Toddler Supplemental Information

Child’s Name_____________________________Age_____________Date____ - ____ - ____

Eating Patterns:

Eats table food daily? [ ] YES [ ] NO

Still gets baby food? [ ] YES [ ] NO

Any food allergies or special needs? [ ] YES [ ] NO

*A physician’s statement must be brought in for any foods your child can not have or any special needs or requirements.

Drinks from a cup with lid? [ ] YES [ ] NO

Is able to feed self? [ ] YES [ ] NO __Hands __Spoon

Napping Patterns:

Does your child take a nap at home? [ ] YES [ ] NO What Time? ________

Where does he/she sleep at home? __ Crib __Bed

Toilet Patterns:

__Wears diapers __Wears pull-ups (If so, what size: 1 2 3 4 5 6-circle one)

__Potty trained __In process of training

If your child is in the process of training or is trained, does child indicate potty needs? [ ] YES [ ] NO

__Stands at toilet __Sits at toilet __Needs help with toileting

Is diarrhea or constipation a problem? [ ] YES [ ] NO (Please indicate which one)

Do you use: __Desitin __A&D Ointment

Does your toddler have a problem with diaper rash? [ ] YES [ ] NO

If so, how do you treat it? ____________________________________

Miscellaneous:

Does your toddler have an “unsettled” time? [ ] YES [ ] NO When? _________

What do you do to help him or her? ____________________________________

How does your child relate to strangers? ________________________________