

## **Child Needs and Service Plan**

Child' Name:	Date of Birth:	Age: _	rge:			
Parent Name (A):	Parent Name (B):					
Background  as your child attended another child care center or family day care?  Yes  No ow was their experience?  ow would you describe your child's personality?						
Has your child attended another child can	re center or family day care?	Yes	No			
How was their experience?						
How would you describe your child's per	rsonality?					
Do you anticipate separation anxiety from	m your child? Yes No					
What languages are spoken at home?						
What language would you like us to use	at school?					
Who does your family consist of?	Background  ild attended another child care center or family day care? Yes No sir experience?  you describe your child's personality?  cipate separation anxiety from your child? Yes No hild have any fears of sounds or objects Yes No are they?  ges are spoken at home?  ge would you like us to use at school?  our family consist of?  Mealtimes  Mealtimes  ibe mealtimes at home. Do you sit together, watch TV, allowed to eat anywhere, etc.  and how much does your child eat?  and we encourage trying food of different cultures, is that okay with you? Yes No					
What names does your child use for then	n?					
	N.C. 1.1					
		to eat anywhere, etc				
How often and how much does your chil-	d eat?					
In our program we encourage trying food What food from other cultures has your o	-	vith you? Yes	No			

		Play			
What type of play does your child engage	in (i.e., to	oys, vide	eo games, r	ough play, team spor	ts, etc.)?
How do family members, sibling(s), and f	riend(s) p	lay with	your child	1?	
Does your child participate in cooperative	play (sha	nring) or	independe	nt play?	
Do you allow your child to get messy at h Do you have your child clean up or pick u	Yes Yes	No No			
	Potty Tra	ining ar	d Napping	5	
Does your child have any words for urinating and bowel movements?  If yes, what are they?					No
Does your child nap during the day? If yes, when and for how long does your combat is your child's nap routine?		No			
		Cognitiv	ve .		
Is your child able to: Count 1-10 Count 1-20 Count 20+			Identify n	umbers 1-10 umbers 1-20 umbers 20+	
Classify objects by: Quantity Know the alphabet verbally: Parti Recognize letters visually: None Show interest in writing his/her name: Is able to write his/her name:	Some Yes Yes	Color All	Most No No	Shape All	
Does your child show interest in the follow Art Puzzles/Legos Sensory Math	wing activ	Books	tic Play	nat apply)	