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Does your child have a favorite toy, blanket or soother?  Yes  No

Please identify: \_\_\_\_\_

Does your child spend time with other children?  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_

\_\_\_\_\_

Please provide any other information relating to your child that would be helpful in understanding and caring for your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Parent / Guardian Signature

Printed Name

Relationship

Date