



CHILD PROFILE

Child's Name: _____ Date of Birth: _____ Age _____

You know your child better than anyone else in the world! You have observed your child on a day to day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What does your child enjoy doing?

2. What are your child's favorite toys?

3. With whom does your child reside?

Adults	Name: _____	Relationship _____
	Name: _____	Relationship _____
Children	Name: _____	Age _____
	Name: _____	Age _____
	Name: _____	Age _____

4. Who cares for your child/children on a regular basis?

5. What language is spoken in the home?

6. Does your child have any medical or physical needs? Allergies? Explain

7. What are the foods your child likes best? _____

Least? _____

8. On average, how many hour does your child sleep at night? _____

TUTOR TIME[®]

CHILD CARE / LEARNING CENTERS

9. What are your child's sleeping arrangements? Check all appropriate boxes.
 Own room Shares room with _____ Sleeps in crib Bed
10. Does your child take naps? Yes No If yes, how long? _____
11. Does your child have a favorite item, such as a blanket, for a nap? Yes No
If yes, does your child have a special name for it? _____
12. What words are spoken in your house for toileting? _____
13. How does your child express anger or react to frustration? _____

14. How does your child react to change, such as being left by parents? _____

15. How does your child comfort himself/herself? _____

16. What types of discipline/redirection have you found to be most effective with your child? _____

17. Do you have any concerns regarding your child's behavior? _____
18. Does your child find it difficult to share? _____
19. Circle the words which best describe your child:
Confident Anxious Leader Fearful Responsible Cooperative
Insecure Self-reliant Follower Curious Fearless Loving
20. What kinds of thing can your child do by himself/herself? Include feeding, dressing, hand washing, toileting etc. _____

Parent/Guardian Signature: _____ **Date:** _____