



TODDLER NEEDS AND SERVICE PLAN

CHILD'S NAME: _____

DATE OF BIRTH: _____

MOTHER NAME : _____

FATHER NAME: _____

EATING ROUTINE

1. What are the child's usual eating hours for the following meals and what does the child usually eat for these meals?

Breakfast : _____

Morning Snack : _____

Lunch: _____

Afternoon Snack : _____

2. Any food allergies? _____

3. Signs of possible food reaction, if any? _____

4. Food dislikes or eating challenges? _____

5. Food likes or eating preferences? _____

6. Any special diet? _____

7. Child eats with the following utensils: Spoon Fork Finger feeding

DIAPERING ROUTINE

Please read the Parents Handbook for Toilet Training/Learning.

1. Is the child potty trained? _____

If yes, at what age? _____

2. Does your child have frequent diaper rash? _____

3. Do you use: cream powder lotion

4. How often does your child get their diaper changed? _____

5. What word does your child use for urination and bowel movement?

6. Is your child allergic/sensitive to any other substances (i.e. latex gloves, certain types of wipes, etc.)? If so, please list: _____

COMFORTING/ DISTRESS

1. Does your child have a security object? _____

2. Does your child use a pacifier? _____

3. What are some ways to calm your child? What comforts your child?

HEALTH DEVELOPMENT

1. Describe any serious illnesses or hospitalizations:

2. Describe any special physical conditions, disabilities, or allergies:

3. Has your child been diagnosed with a special need? If so, is your child receiving any special services?

4. Regular medications? _____

SLEEPING ROUTINE

1. Does child sleep in (at home): crib bed family bed

2. How many naps per day (typical) and length: _____

3. In what position does your child prefer to nap: _____

SOCIAL ENGAGEMENT

1. Has your child had any experience in a childcare environment? If yes, please provide facility name and educational philosophy.

2. Would you characterize your child as often:

friendly impulsive shy calm happy

spirited energetic fearless Joyful funny

3. Reaction to strangers? _____

4. Have you had any previous child care experience? If so, did it meet your needs and expectations? Explain: _____

5. Favorite toys and activities? _____

6. Does your child have any fear? Explain.

Thank you!

Thank you for meeting with us to complete this plan for your child. This Toddler Needs and Service Plan will be updated every 3 months, or as often as necessary to assure its accuracy. Please do not hesitate to speak with us at any time in regards to your child's needs.

As the child's authorized representative, I verify that I have participated in preparing this Infant/Toddler Needs and Service Plan.

REVIEW #1 DATE : _____

Parent Signature: _____

Teacher Signature: _____

Director Signature: _____

REVIEW #2 DATE : _____

Parent Signature: _____

Teacher Signature: _____

Director Signature: _____

REVIEW #3 DATE : _____

Parent Signature: _____

Teacher Signature: _____

Director Signature: _____

REVIEW #4 DATE : _____

Parent Signature: _____

Teacher Signature: _____

Director Signature: _____