



## 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 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?

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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.

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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: \_\_\_\_\_

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5. Favorite toys and activities? \_\_\_\_\_

6. Does your child have any fear? Explain.

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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:* \_\_\_\_\_

