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| **CHILD ASSESSMENT FORM** |
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| In an effort to help your child adjust to our program and to serve you better, please take a few moments to answer the following questions. Thank you. |



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| CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. What is your child’s current daily sleeping schedule?

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| Morning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Afternoon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Evening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. What upsets or frightens your child?

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1. What does your child find soothing or comfortable?

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1. Does your child have any known allergies?  Yes  No

If yes, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your child have any delays (speech, learning, etc.) that we should be aware of?  Yes  No

If yes, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is your child currently in therapy?  Yes  No

If yes, please list the therapy and therapist.

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1. Have you spoken with your pediatrician about childhood obesity?

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1. Does your child suffer from any chronic illnesses?

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**INFANTS ONLY**

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1. Are you breastfeeding your child?  Yes  No
2. Is your child drinking...? ***(Check all that apply)***

 Formula  Whole Milk  Skim Milk

 Other ***(Please list the name of the milk your child is consuming)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***(Please note: Zadie’s™ is a nut free environment, please refrain from bringing in almond milk or any other milk derived from nuts.)***

1. Is your child using a...?  Cup  Bottle  Both
2. Is your child eating...?  Baby Food  Table Food

***(Please note: All formula must be prepared according to the manufacturer’s instructions. Bottle feedings do not contain solid foods unless the child’s health care provider supplies written instructions and a medical reason for this practice.)***

1. Do you have any feeding concerns for your child?  Yes  No

If yes, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFANTS, TODDLERS, PRESCHOOLERS, PRE-KINDERGARTENERS**

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1. Has your child begun potty training?

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1. Does your child have any behavioral issues we should be aware of? ***(ie. hitting, kicking, biting)*** ?  Yes  No

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your child previously been in school or play groups?  Yes  No

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What form of discipline do you use at home?

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1. What academic skills has your child acquired? ***(ie. counting, recognizes letters, shapes, can write full name, etc. )***

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1. Does your child have any special interests?

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1. Do you want to enroll your child in public or private school for Kindergarten?  Public  Private