



Toddler Daily Routine

(Please TICK ✓ the relevant box)

Childs Name: _____ DOB: _____

The special name your child calls their **mother:** _____ **father:** _____

_____ **guardian:** _____ **other:** _____

The things your child enjoys doing include: _____

Songs your child enjoys singing: _____

Does your child have any known fears, eg; storms, balloons? YES NO Details: _____

Has your child been in child care/family day care before? YES NO

Does your child have any special words or phrases? YES NO Details: _____

Does your child have a dummy – any time or only at sleep time? YES NO Details: _____

Food and Eating

Does your child have any allergies/dietary restrictions? YES NO Details: _____

Does your child need assistance to eat food? YES NO Details: _____

Does your child drink from

Does your child need their bottle warmed? YES NO Details: _____

Details: _____

Nappies/Toilet Training

Is your child in nappies? YES NO

Is your child toilet trained? YES NO

Is your child in pull ups/training pants? YES NO Details: _____

Is your child FULLY toilet trained? YES NO

How would you like us to assist with toilet training?

Does your child use a potty or a toilet?

Sleep

What time does your child normally want to have a sleep? _____

How long does your child sleep for? _____

Does your child have a comforter for sleep? YES NO

Does your child like to be patted/sung to? YES NO Details: _____

Is your child a restless sleeper? YES NO Details: _____

Attitude towards sleep? _____