

# Individual Personal-Care Plan for Preschool Age Children

(Form adapted from *Prime Times Second Edition*)

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

What would you like us to call your child? \_\_\_\_\_

## Developmental History

Hears well? YES NO

Comments:

Talks like other children? YES NO

Comments:

Understand child? YES NO

Comments:

Walks, runs, and climbs YES NO

Like others?

Comments:

Family history of hearing YES NO

Impairments?

Comments:

Vision okay? YES NO

Comments:

Recent Medical Problems? YES NO

Comments:

Other Concerns? YES NO

Comments:

### **Family Information**

With whom does child reside? \_\_\_\_\_

Who else lives in the home (siblings, extended family, pets)? \_\_\_\_\_

What does the child call family members? \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Are books read in languages other than English? \_\_\_\_\_

Are there words/phrases in home language that we should know? \_\_\_\_\_

Are there cultural or family customs, rituals, or traditions that will help us make your child's experience more meaningful? \_\_\_\_\_

Are there other matters or concerns you feel are important? \_\_\_\_\_

### **Health/Development**

Describe any serious illnesses or hospitalizations: \_\_\_\_\_

\_\_\_\_\_

Describe any special physical conditions, disabilities, or allergies: \_\_\_\_\_

\_\_\_\_\_

Has your child been diagnosed with a special need? \_\_\_\_\_

If so, is your child receiving any special services? \_\_\_\_\_

\_\_\_\_\_

Regular medications? \_\_\_\_\_

\_\_\_\_\_

### **Eating Routine**

Any food allergies? \_\_\_\_\_

Food likes and eating preferences: \_\_\_\_\_

\_\_\_\_\_

Food dislikes or eating problems: \_\_\_\_\_

\_\_\_\_\_

Special diet/requests: \_\_\_\_\_  
\_\_\_\_\_

Special characteristics or difficulties? \_\_\_\_\_  
\_\_\_\_\_

### Toilet/Diapering Habits

Is your child toilet trained: ☐ urination ☐ bowels

Does your child use the toilet independently? YES NO

Comments:

Are bowel movements: ☐ regular How often: \_\_\_\_\_

Is there a problem with: ☐ diarrhea ☐ constipation

What is used at home: ☐ potty chair ☐ special seat ☐ regular seat

Word used for urination: \_\_\_\_\_ bowel movement: \_\_\_\_\_

Does the child have accidents? \_\_\_\_\_  
\_\_\_\_\_

### Comforting/Distress

Does your child have a security object? \_\_\_\_\_ Name? \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_ When? \_\_\_\_\_

Other information? \_\_\_\_\_

What comforting objects would you like your child to have at the program?

\_\_\_\_\_

### Sleeping Routine

Does child sleep in: ☐ bed ☐ family bed

Pre-nap routines/rituals: \_\_\_\_\_  
\_\_\_\_\_

How many naps per day (typical): AM \_\_\_\_\_ to \_\_\_\_\_ PM \_\_\_\_\_ to \_\_\_\_\_

Length of nap: \_\_\_\_\_

Waking behavior/routine: \_\_\_\_\_

Special concerns: \_\_\_\_\_

What time does child go to bed at night: \_\_\_\_\_ awake in morning: \_\_\_\_\_

Are there any sleeptime rituals? \_\_\_\_\_

## Separation

Has your child been left in the care of someone other than yourself? ☐ yes ☐ no

If so, with whom? \_\_\_\_\_

What difficulty does your child experience separating from you? \_\_\_\_\_

\_\_\_\_\_

What are some ways to calm your child? \_\_\_\_\_

What are your feelings about leaving your child in our care? \_\_\_\_\_

\_\_\_\_\_

How can we help you feel more comfortable and involved in the care of your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Social Relationships

Has your child had any experience playing with other children? \_\_\_\_\_

\_\_\_\_\_

Would you characterize your child as often:

☐ friendly

☐ aggressive

☐ shy

☐ withdrawn

Reaction to strangers? \_\_\_\_\_

Have you had any previous child care experience? \_\_\_\_\_

If so, did it meet your needs and expectations? \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

Does your child prefer to play: ☐ alone ☐ in small groups

Favorite toys and activities? \_\_\_\_\_

Is your child frightened by:

☐ animals

☐ rough children

☐ loud noises

☐ darkened rooms

Explain: \_\_\_\_\_

What is your style of guidance and discipline? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Daily Schedule

Please describe by approximate time your child's current daily activities (that is, awakening, eating, napping, toilet habits, fussy time, evening bedtime):

### Morning

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**Afternoon**

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**Evening**

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**Parenting Philosophy**

Do you have ideas about parenting that would help us to better care for your child?

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What do you as a family hope to get out of this child care experience?

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We will update the personal care plan every 3 - 4months, or sooner if requested by a parent/guardian or as needed by the staff.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of change \_\_\_\_\_ Parent Initials \_\_\_\_\_ Staff Initials \_\_\_\_\_

Date of change \_\_\_\_\_ Parent Initials \_\_\_\_\_ Staff Initials \_\_\_\_\_