

5. Does your child have any food allergies? If yes, please list and indicate medications that may be necessary.

6. Are there any special dietary needs or concerns related to food?

7. Describe your child's sleeping patterns: where does your child sleep, does your child nap and at what times, the number of continuous hours slept at night, any rituals you have established, etc.

8. What are your observations of your child's language development?

9. Does your child have any favorite books, songs, or fingerplays?

10. What are some of your child's favorite activities?

11. What activities does your family like to do together?

12. Does your child watch TV or videos? If so, approximately how many hours per week?

13. Has your child shown any interest in using the toilet independently? Does your child wear cotton or disposable diapers or cotton training pants? Do you see any patterns in your child's elimination? What words do you use for urination and bowel movements?

14. Please discuss your child's experiences separating from you. How do you think your child will separate at school?

15. Please share any other information that would help us to know your child better.