

I'm Special!

My name is: _____

My nickname is: _____

Family members: _____

Family Pets: _____

Most of the time, I prefer to use my: right hand left hand not sure yet

Eating

I'm a slow / quick eater, with a good / poor appetite.

When it comes to food: I especially like _____ .

I'm really not too fond of _____ .

I am allergic to: _____ !

Sleeping

My usual bedtime is _____ and I usually arise in the morning at _____ .

(I do / do not sleep through the night).

I nap regularly: yes No If yes, approximately how long? _____ when? _____

Dressing and Toilet Habits

I can / cannot dress myself.

I need help with buttons, zippers, shoelaces, snaps, buckles

When I have to go to the bathroom, I tell an adult. yes no

I will usually let you know I have to go by _____ .

Child Management

Type of discipline used at my home _____

My favorite play activity _____

I prefer to: play with other children / play alone

I have previously attended a preschool or day care: yes no

Additional information:
