

University of Michigan – Flint
Early Childhood Development Center
Brief Description of an Infant/Toddler Daily Living

Dear Family Members,

This form is used to help the classroom teachers get to know your child so that the child's transition to school is successful. Please note that each question is requesting facts that you believe will be beneficial in helping the teaching staff successfully interact with your child. A more detailed history of your child's development can be shared later, as the teacher plans ways to encourage your child's positive development at the ECDC.

Name of Child _____ Nickname _____

Birth date _____ Today's Date _____

Family members who the child interacts with frequently and who we should mention during our time with your child ...

Culture: At the ECDC we strive to provide your child with many diverse experiences in all areas of the curriculum. In order to provide a culturally diverse classroom where all families and staff members feel welcome we are seeking to provide cultural awareness through education. The best way in which we can provide this education is to include the families in which we serve:

1. Do you have any cultural customs or traditions that you would feel comfortable sharing with the children in our program? If so, what types of materials would you feel most comfortable in sharing?

2. In regards to your own children, are there any cultural considerations you would like to address to assist us with their daily care?

3. What countries or geographical areas has your family lived in or experienced? Do you have any information to share with us about these experiences that can help us know your child better?

4. What languages are spoken in your home? What languages does your child understand or speak?

5. What holidays do you observe in your home? What would you be willing to share about these specific holidays in your child's classroom? (decorations, books, music, clothing, art, food)

Play: How does your child enjoy playing? Are there certain toys or games your child particularly enjoys? Are there activities your child does not like?

What large motor skills has your child mastered? _____ holds head up _____ rolls _____ sits up
_____ sits up unsupported _____ crawls _____ pulls self up _____ walks with assistance
_____ walks unassisted _____ runs _____ climbs _____ rides trike _____ summersaults or tumbles
_____ throws balls _____ catches ball _____ rolls balls Other _____

What small motor skills has your child mastered? _____ gripping _____ letting go _____ pointing
_____ holds cup without handles _____ holds cup with handles _____ feeds self with spoon
_____ uses pencil, crayon, marker, or a paint brush Other _____

What forms of body sign language does your child use? What meaning does your child intend?

What sounds does your child use for specific words? And/or what words can your child say?

Medical History: Are there any existing medical conditions we should know about? If so, please identify and describe how we should care for your child.

Toileting: What is your child's current toileting technique? _____ cloth diapers _____ disposable diapers
_____ pull ups _____ training pants _____ uses toilet with help _____ uses toilet independently

Do you regularly use any toileting medications? _____ A & D ointment _____ Desitin _____ Power
_____ Special Wipes Other (please name) _____

Is diaper rash a problem? _____ If so, how do you treat it? _____

Eating: What is your child's typical eating behavior?

How do you know when your child is hungry?

What times of day does your child usually eat?

How is your child fed? _____ lap/held _____ high chair _____ infant seat _____ Other
_____ Uses bottle _____ breast fed _____ cup _____ cup with lid _____ spoon _____ feeds self
_____ uses formula and bottle _____ eats baby food _____ eats table food

Are there any special instructions?

Does your child have any food allergies, preferences or special needs? _____ If so, please describe below.

Does your child experience colic? _____ If so, please describe the typical time of the day and what you have found helps the child feel better.

Does your child have teeth? _____ Do you want your child's teeth brushed at school? _____

Do you wish your child to use center toothpaste? _____ If not, toothpaste must be provided by the family.

What have you found help your child's coping with teething?

Sleeping: How does your child let you know he/she is tired?

What are his/her typical nap times?

What is your usual routine for helping the child go to bed? Does your child sleep with a special blanket, toy, or pacifier?

What is your child's general mood upon waking?

What is the routine when your child wakes up?

Does your child sleep in a crib? How do you think he/she will adjust to a crib/cot at the ECDC?

New Situations: What is your child's general response to new situations?

What suggestions do you have for us to help your child adjust to this new setting?

Special Issues: Please add any thoughts or concerns you would like us to know about, as we begin our shared responsibility caring for your child.