

## Information about My Child

1. My Child's Name: \_\_\_\_\_

2. My primary contact phone number: \_\_\_\_\_

3. My primary contact email address: \_\_\_\_\_

4. Child's Toileting Needs: \_\_\_\_\_

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5. Child's Food / Feeding / Allergies: \_\_\_\_\_

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6. Child's Temperament (i.e., How does child handle transitions and new faces? What calms the child? What are the child's favorite toys/characters?) \_\_\_\_\_

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7. Child's fears: \_\_\_\_\_

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## Information about My Child (cont.)

8. Typical morning routine at home: \_\_\_\_\_

\_\_\_\_\_

9. Typical evening routine at home: \_\_\_\_\_

\_\_\_\_\_

10. Typical sleep patterns: \_\_\_\_\_

\_\_\_\_\_

11. Effective sensory strategies at home: \_\_\_\_\_

\_\_\_\_\_

12. Effective behavior strategies at home: \_\_\_\_\_

\_\_\_\_\_

13. Effective reinforcers (e.g., food, electronics): \_\_\_\_\_

\_\_\_\_\_

14. Current communication level of the child (i.e., does the child use a form of Augmentative and

Alternative Communication?) \_\_\_\_\_

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