Purpose:

These questions are designed to give you the information needed to provide the best, most appropriate care for children. This information is confidential and parents must be reassured it will not be shared without their written permission.

Experts in the field recommend completing an assessment form for each child. It can help start mutual trust and respect that will develop into a strong, cooperative partnership between parents and caregivers.

The assessment should be completed prior to enrollment. Give parents an opportunity to review your enrollment forms and parent handbook before you complete the assessment form. The parent handbook or operational policies set forth your program's philosophy and values.

The enrollment interview is the time to obtain critical information about the child and provide information on your program's operational policies, such as health checks (if conducted), procedures for the release of children, and illness and exclusion criteria. It also provides parents an opportunity to assess your program and determine if it is best suited for their child's needs.

Child Assessment Form

Form 7293 November 2012

Child Name (last, first, middle)		Social Security No.*	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)		City	County	Zip
Mailing Address (if different) Street or P.O. Box		City	County	Zip
Telephone No. (include A/C)				
If applicable.				
. Health				
Does your child have any allergies?	☐ Yes	☐ No		
If so, what allergies does your child have?				-1
How should we respond if he/she has an a	llergic reaction?			
Does your child have an existing illness?			☐ Yes	☐ No
Has your child had a previous serious illnes 12 months?	ss or injury, or hos	spitalization during the p	past Yes	□ No
Is your child taking any medication?	☐ Yes	☐ No		
If so, how is the medication administered, be administered while he/she is in care?	and will it need to)		
Is the medication prescribed for continuous use?				☐ No
Are there any side effects we should be alerted to?				☐ No
2. Toileting:				
Does your child need assistance with toileting?				☐ No
How can we best help?				
What are your ideas about toilet training?				
How can we best help?				
3. Behavior:				
Does your child have any special fears?	☐ Yes	☐ No		
How does your child communicate his/her	☐ Yes	☐ No		
Are there any special words that your child that might not be readily recognized?	l uses		1	
How do you tell your child to stop a behave don't approve of or that might be dangerou				
When your child gets upset, what helps hi calm down?	m/her			
What is a good way to distract your child he/she is having a temper tantrum?	when			
Are there any particular routines that particularly helpful at naptime?	t are			

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What position is most comfortable for your ch	nild when he/she	is napping?			
Eating Preferences:					
What are your child's favorite foods?					
Does your child use utensils, eat with fingers	, feed self?				
Does your child choke easily while eating?		l		Yes	☐ No
Activities:					
What activities do you like to do with your ch	ild?				
What activities does your child like to do whother children?	en playing with				
What does your child like to do when he is pl	aying alone?				
Family History: Tell me about your family (i.e. child's parents)	e siblings				
grandparents, and other extended family)	, sibilitigs,				
I verify that the above assessment was discu	ssed with the pa	erent(s) of			
Cimpature of Director			Data	Ciana d	
Signature of Director			Date	Signed	
I verify that the director appropriately relayed	the information	concerning my	child's asse	ssment.	
Signature of Parent			Date	Signed	
Additional Comments:					