

Toddler Option Needs and Service Plan (Eighteen months to thirty-six months)

Child's name they go by at home _____ Birthdate _____

Does your child have any allergies (food or otherwise) or special needs? Yes _____ No _____

Is your child seeing a speech or behavior therapist? Yes _____ No _____

Does your child have any fears or strong dislikes? _____

What kinds of things comfort your child? _____

When does your child normally sleep at home? Bed time _____ Wake time _____ Nap time _____

Does your child have any napping aids? _____

How many wet diapers per day? _____ How many dirty diapers per day? _____

Special instructions concerning diapering? _____

Has potty training been introduced at home? Yes _____ No _____

Are you using training underwear at home? Yes _____ No _____

Special instructions concerning toilet training _____

With whom does your child live? _____

What brings joy to your family? _____

What are some of your child's favorite activities? _____

Is there anything else we need to know about your child to successfully meet their needs?

Items your child needs to have in our Toddler Option classroom...

___ Extra change of clothes

___ Jacket (we go out on cool mornings)

___ Diapers

___ Diaper Cream

___ Lunch Daily

___ Blanket & full-sized crib sheet

___ Water cup

**Please bring extra changes of clothes when potty training, socks, underwear, bottoms and tops

**Please label all items clearly with your child's name

Parent Signature

Date

Staff Signature

Updates to Service Plan

Parent Signature

Date

Staff Signature

Parent Signature

Date

Staff Signature

Parent Signature

Date

Staff Signature

Parent Signature

Date

Staff Signature