

## The ABC's and 123's About My Child

*Family Information for Step-up to Quality Programs (SUTQ)*

Child's Name (Last)	(First)	Nickname (if any)
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**By providing complete information about your child you will be assisting staff in creating a positive experience for him/her within our care. List any information about your child's habits, abilities, or personality that you feel will be helpful to the staff while caring for your child.**

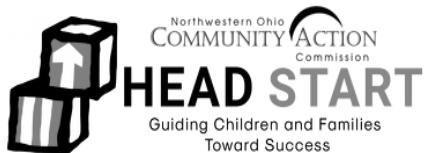
Who is in the child's immediate family?
Who lives at home with your child?
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details?
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family/friend/pet) Additional Details?
Are there any cultural or religious practices of which we should be aware? (Dietary restrictions, clothing, head coverings, etc.?)
Do you have any pets at home? If yes, what are they and what are their names?
My child drinks (check all that apply): <input type="checkbox"/> Milk <input type="checkbox"/> Formula <input type="checkbox"/> Juice <input type="checkbox"/> Water How much and how often?
Does your child have any favorite foods?
Does your child dislike any foods?

**Please check all of the words that best describe your child's personality and behavior**

<input type="checkbox"/> active	<input type="checkbox"/> adventurous	<input type="checkbox"/> affectionate	<input type="checkbox"/> anxious	<input type="checkbox"/> bossy	<input type="checkbox"/> bright	<input type="checkbox"/> busy	<input type="checkbox"/> calm
<input type="checkbox"/> cautious	<input type="checkbox"/> cheerful	<input type="checkbox"/> content	<input type="checkbox"/> creative	<input type="checkbox"/> curious	<input type="checkbox"/> easily-angered	<input type="checkbox"/> emotional	
<input type="checkbox"/> energetic	<input type="checkbox"/> excitable	<input type="checkbox"/> friendly	<input type="checkbox"/> happy	<input type="checkbox"/> gives-in easy		<input type="checkbox"/> hesitant	<input type="checkbox"/> insecure
<input type="checkbox"/> jealous	<input type="checkbox"/> likes structure/routines		<input type="checkbox"/> loud	<input type="checkbox"/> loving	<input type="checkbox"/> mellow	<input type="checkbox"/> outgoing	<input type="checkbox"/> quiet
<input type="checkbox"/> prefers adult attention		<input type="checkbox"/> sensitive	<input type="checkbox"/> serious	<input type="checkbox"/> shares-well		<input type="checkbox"/> social	<input type="checkbox"/> stubborn
<input type="checkbox"/> spontaneous		<input type="checkbox"/> tentative	<b>Other:</b>				

Are there additional personality and behavior characteristics that would be useful to know about your child?
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Are there things that frighten your child? If yes, what are they, how does he/she react and what do you do to comfort him/her?
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What routines/actions or items do you use to comfort your child?
What causes your child to feel angry or frustrated?
What methods do you use to respond to your child's negative behavior?
Does your child use any special comfort or support items that help him/her go to sleep? If yes, what is it?
What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)
My child sits in a (check the one that applies): <input type="checkbox"/> high chair <input type="checkbox"/> booster seat <input type="checkbox"/> child-sized chair <input type="checkbox"/> adult-sized chair
What time does your child normally go to bed at night? _____ What time do they wake up in the morning? _____
What time(s) and for how long does your child usually nap?
Does your child have trouble sleeping? If yes, please explain (night terrors, trouble going to sleep, etc.).
What might you and/or your child be anxious about as he/she starts this program?
What are you and/or your child excited about as he/she starts this program?
What are your expectations of this program?
What other information would be helpful for the staff caring for your child to know?

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date