



Child's Name: \_\_\_\_\_

Does your child have a nickname?    Yes    No    If Yes, what is it? \_\_\_\_\_

Names of brothers and sisters (include nicknames)	Birth dates	Does this sibling live in the same home as this child?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of others living in the home	Relationship to child
_____	_____
_____	_____
_____	_____

What languages are spoken in your home? \_\_\_\_\_

Does your child have any pets?    Yes    No    If Yes, what are they? \_\_\_\_\_

Describe your child's appetite: \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

What foods does your child like? \_\_\_\_\_

What foods do you not permit your child to eat? \_\_\_\_\_

Does your child feed him/herself? Yes

Does your child have a favorite toy, blanket, bottle, or soother?      Yes      No

Please identify. \_\_\_\_\_

Has your child experienced play with other children?      Yes      No      Please describe: \_\_\_\_\_

Does your child have any imaginary playmates?      Yes      No      If Yes, please comment: \_\_\_\_\_

What activities does your child \_\_\_\_\_ c 0.01 W2.4 BMC