

# Enrollment Survey

**Please answer a few questions to help us get to know your child better!**

Child's Name \_\_\_\_\_ Nick Name \_\_\_\_\_

## **General Information:**

Hearing Problems \_\_\_\_\_ Vision Problems \_\_\_\_\_ Speech Problems \_\_\_\_\_

Plays well with others \_\_\_\_\_ Needs help Socializing \_\_\_\_\_ Biter \_\_\_\_\_

Outgoing \_\_\_\_\_ Shy \_\_\_\_\_ Aggressive \_\_\_\_\_

Names of other children in the family \_\_\_\_\_

List of pets and their names \_\_\_\_\_

How does child react when they do not get their way \_\_\_\_\_

What problems does your child have that concerns you \_\_\_\_\_

Has your child experienced any traumatic events recently \_\_\_\_\_

In what way do you expect our program to help your child \_\_\_\_\_

**These items are for 2 ½ - 5 yr. old. Please answer age appropriate questions that apply to your child.**

## **Mealtime:**

Likes to drink: Water \_\_\_\_\_ Milk \_\_\_\_\_ Juice \_\_\_\_\_ Other \_\_\_\_\_

Likes to eat: Meat \_\_\_\_\_ Bread \_\_\_\_\_ Fruit \_\_\_\_\_ Vegetables \_\_\_\_\_

## **My Child Uses: (2 ½ - 3Yrs. Old only)**

For Drinking: Sippy Cup \_\_\_\_\_ Regular Cup \_\_\_\_\_

For Eating: Hands \_\_\_\_\_ Spoons \_\_\_\_\_ Fork \_\_\_\_\_

## **Nap Time:**

Does NOT take a nap \_\_\_\_\_ DOES take a nap \_\_\_\_\_ For how long \_\_\_\_\_

Uses Special: Blanket \_\_\_\_\_ Toy \_\_\_\_\_ Pillow \_\_\_\_\_

Likes to be: Rocked \_\_\_\_\_ Back Rub \_\_\_\_\_ Left alone \_\_\_\_\_

## **Bathroom Time:**

Not Potty Trained \_\_\_\_\_ Potty Trained (2 weeks with no accidents) \_\_\_\_\_

Uses a Potty Chair \_\_\_\_\_ Uses a Big Toilet \_\_\_\_\_ Potty schedule is every \_\_\_\_\_ minutes.

Does \_\_\_\_\_ Does NOT \_\_\_\_\_ Tell an adult when they need to go potty.

**Can do by themselves at the Bathroom:** Pull Pants Down \_\_\_\_\_ Pull Pants Up \_\_\_\_\_

Get on Big Toilet \_\_\_\_\_ Wipe Themselves \_\_\_\_\_ Wash Hands \_\_\_\_\_