

# 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 \_\_\_\_\_