



# Kaleidoscope Kids 1-5 Year Child Info Sheet

This form is for the purpose of gathering information about your child that will help your child's primary teacher meet his/her needs. All responses will be shared with your child's immediate caregivers.

Foods your child especially likes: \_\_\_\_\_

Foods your child dislikes: \_\_\_\_\_

Food Allergies or Intolerances your child has: \_\_\_\_\_

Does the child live with: \_\_\_\_\_ Both Parents? \_\_\_\_\_ Mother only? \_\_\_\_\_ Father only? \_\_\_\_\_ Guardian?

Please list other members of the household:

Name	Relationship	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's position in the family: \_\_\_\_\_

How would you describe your child's disposition? \_\_\_\_\_

\_\_\_\_\_

Please describe any health problems or concerns: \_\_\_\_\_

\_\_\_\_\_

*Please answer the following to the best of your knowledge:*

### Infant Background

Age at which child first . . .

\_\_\_\_\_ Sat Alone \_\_\_\_\_ Crawled \_\_\_\_\_ Walked \_\_\_\_\_ Spoke First Word

Was your child breast fed? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, how long? \_\_\_\_\_

### Toddler and Preschool Background

My child:  Speaks in sentences Began at what age? \_\_\_\_\_

Feeds self with spoon

Drinks from a cup

Has control of bladder Began at what age? \_\_\_\_\_

Has control of bowels Began at what age? \_\_\_\_\_

What method did or are you using to toilet train your child? \_\_\_\_\_

\_\_\_\_\_

What words does your child use to indicate toileting needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date