

# Kid Angles

## Special Care Plan

\_\_\_\_\_

(child's name)

\_\_\_\_\_

(person completing and relationship)

The information you provide below will help us to become better acquainted with your child. Feel free to use additional paper as needed.

1. Child's present functional level and skills: \_\_\_\_\_
2. What unusual episode might arise while your child is in care? How should the situation be handled? \_\_\_\_\_
3. What terminology does your child use regarding the use of the bathroom? \_\_\_\_\_  
\_\_\_\_\_
4. Are there particular instructions for sleeping, toileting, diapering or feeding? \_\_\_\_\_  
\_\_\_\_\_
5. If your child has attended preschool before, was the experience enjoyable? \_\_\_\_\_
6. Does your child suck his/her thumb or take a pacifier? \_\_\_\_\_
7. If your child has unusual fears, what are they? \_\_\_\_\_
8. Circle what your child uses at home:  
crayons      scissors      pencil      chalk      paint      glue
9. What foods does your child like? \_\_\_\_\_
10. What foods does your child dislike? \_\_\_\_\_
11. List the names and ages of other children in your family:  
\_\_\_\_\_  
\_\_\_\_\_
12. What do you see as your child's strengths? \_\_\_\_\_
13. Is there any area in which you anticipate difficulty for your child? (ie sharing, following directions, napping) \_\_\_\_\_
14. What goals do you have for your child? \_\_\_\_\_
15. What other information would you like us to know about your child? \_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to fill out this questionnaire.