

Infant/Toddler Individual Profile

*To be completed upon enrollment and updated periodically.

Child's Name _____ Date completed: _____

We need information from you concerning your infant/toddler. Please fill this out according to your infant/toddler's schedule while at home with you. Be as specific as possible. This information will help your child's teacher(s) be sensitive to their normal schedule.

Typical daily schedule:

Diapering/toileting schedule:

Bottle/Meal schedule:

Sleeping/napping schedule:

Current communication techniques (language development, etc.):

Behavior concerns:

Behavior guidance techniques:

Comforting techniques that work for your child:

Any other information about your child that you feel may be helpful for their caregivers to know:
