

Child Assessment Form

Texas Dept of Family Form 7293 and Protective Services August 2007

Child Name (last, first, middle)		Date of Birth
Parent's Name	Telephone No.	Enrollment Date

1. Health

Does your child have any allergies?	Yes	No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness? If so, what?	Yes	No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months? What for?	Yes	No
Is your child taking any medication? What kind?	Yes	No
Will it need to be administered while he/she is in care?	Yes	No
Is the medication prescribed for continuous use?	Yes	No
Are there any side effects we should be aware of? What?	Yes	No

2. Toileting:

At what level is your child potty trained?		
Does your child need assistance with toileting?	Yes	No
What are your ideas about toilet training?		
How can we best help?		

3. Behavior:

Does your child have any special fears? What?	Yes	No
How does your child communicate his/her needs?		
Are there any special words that your child uses that might not be readily recognized?		
When your child gets upset, what helps him/her calm down?		
Does your child have a security item? What?	Yes	No
What discipline technique does your child best respond to?		
Does your child routinely take naps at home? How long?	Yes	No
Are there any particular routines that are particularly helpful at naptime?		
How is your child most comfortable when he/she is napping?		

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4. Eating Preferences:

What are your child's favorite foods?		
Does your child feed him/herself using utensils or with fingers?		
Does your child choke easily while eating?	Yes	No

5. Activities:

What activities do you and your child like to do together?
What activities does your child like to do when playing with other children?
What does your child like to do when he/she is playing alone?

6. Family Life:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)

7. Daycare Center:

Has your child ever attended a daycare?	Yes	No
What would you like your child to learn or experience while at daycare?		

Additional Comments:

I verify that the above assessment was discussed with the parent(s)

Signature of Director/Person in Charge

Date

I verify that the director appropriately relayed the information concerning my child's assessment.

Signature of Parent

Date