

Ooltewah Baptist Church
CREATIVE LEARNING PROGRAM
Child Profile

For the benefit of your child's teacher, please complete the questions below. If an item is not applicable to your child, put N/A in the space provided. Thank you for your attention to this.

Child's Name _____ Prefers to be called by _____

Primary Language _____ Other languages _____

English is spoken in the home (circle one) **Y** **N**

Child's English skills (circle one) Very well Well Not well Does not speak English

*Children whose primary language is not English must be able to communicate basic needs and understand directions

Child has a disability (circle one) **Y** **N** please explain _____

Has your child been diagnosed with (circle all that apply):

Autism Asperger's ADD/ADHD Depression Anxiety Disorder Sensory Issues
Down's Syndrome other issues _____

There have been important changes in my child's life in the last 12 months. **Y** **N**

If yes please explain _____

EATING HABITS:

Do you consider eating habits good _____ moderate _____ poor _____

If child refuses to eat, how is it handled? _____

Food Allergies or special dietary needs _____

PLEASE COMPLETE BACK OF FOR

BATHROOM HABITS:

Potty Trained? No _____ Currently training _____ Yes _____ what age _____

Words used for urinating _____ bowel movement _____

Does your child let an adult know when he/she needs to go? _____

Does your child go alone _____ Needs help with: clothing _____ wiping _____ handwashing _____

Does your child go to the restroom: often _____ occasionally _____ seldom _____

If still in diapers, is child prone to diaper rashes? _____ ointment used? _____

Is child allergic to any diapering supplies, including latex? _____

Any special instructions _____

PHYSICAL GROWTH AND INTERACTION WITH OTHERS:

Does child usually prefer playing: with other children _____ by him/herself _____

Can child work independently? Yes _____ No _____

Can child follow simple directions? Yes _____ No _____

Does child have many opportunities to be with other children? Yes _____ No _____

Are these children: younger _____ older _____ the same age _____

What is child's favorite indoor activity? _____

What is child's favorite outdoor activity? _____

How does your child react when he/she doesn't get their way? _____

How do you handle it? _____

Please share any other information about your child you would like us to know
