



If infant, what kind of formula does your child drink? \_\_\_\_\_

Child's usual dining habits (circle all that apply) high chair, booster seat, feeds self, uses utensils, bottle, sipper cup, regular cup other \_\_\_\_\_

Does your child eat unaided? \_\_\_\_\_ Does he/she enjoy eating? \_\_\_\_\_

Does your child have a special diet? \_\_\_\_\_

Due to your child's tastes, allergies, reactions and/or religious beliefs are there any foods that should not be served to your child? \_\_\_\_\_

Favorite foods \_\_\_\_\_

Strong dislikes \_\_\_\_\_

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What are your expectations of this program and me? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have an IEP or IFSP? \_\_\_\_\_ If so will you please provide us with a copy.

The above information will allow us to help your child transition into their new classroom as easily as possible. Depending upon the child this transition can seem very simple, or somewhat challenging. We recommend allowing a few weeks for your child to get to feel welcome at our facility. If you would like a meeting after the first month or two to discuss how your child is transitioning or on any other subject, please feel free to speak with your child's teacher or the director to schedule a meeting.

I would/ would not like a meeting at this time \_\_\_\_\_

Meeting date:

Signature of parent if meeting attended \_\_\_\_\_