

MAGNOLIA MONTESSORI SCHOOL INFANT/TODDLER
SCHEDULE

CHILD NAME BIRTHDATE.....

GENERAL:

HOW WOULD YOU DESCRIBE YOUR CHILD'S PERSONALITY?

.....

WHAT ARE SOME OF YOUR CHILD'S FAVORITE THINGS?

.....

DOES YOUR CHILD HAVE ANY MEDICAL PROBLEMS, WHICH REQUIRE SPECIAL MEDICAL ATTENTION?

.....

.....

DO YOU HAVE ANY SPECIAL DIAPERING INSTRUCTIONS?

.....

SLEEP SCHEDULE:

WHAT TIME DOES YOUR CHILD WAKE UP?

DOES YOUR CHILD SLEEP WELL?

DOES YOUR CHILD PREFER TO SLEEP ON HIS/HER BACK OR TUMMY?

WHAT ARE YOUR CHILD'S USUAL NAP TIMES?

HOW LONG DOES HE/SHE USUALLY SLEEP?

DOES THE CHILD SLEEP WITH A PACIFIER OR BOTTLE?

OR HAVE A SPECIAL NAPTIME BLANKET OR TOY?

FEEDING SCHEDULE:

DOES YOUR CHILD TAKE A BOTTLE?

IF SO/WHAT KIND OF FORMULA DO YOU USE?

DOES YOUR CHILD HAVE ANY FOOD ALLERGIES, EATING PROBLEMS OR FOOD DISLIKES?

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DOES YOUR CHILD FEED HIS/HER SELF WITH A SPOON?

DOES YOUR CHILD DRINK FROM A CUP BY HIS/HER SELF?

PLEASE FILL OUT THE ATTACHED FORM ON YOUR CHILD'S NORMAL FEEDING SCHEDULE.

INFANT INDIVIDUALIZED NEEDS PLAN

CHILD'S NAME:

DATE OP' BIRTH:

FOOD ALLERGIES:

CHILD CONSUMES: BREAST MILK

FORMULA BRAND

FEEDING SCHEDULE/TIMES AND AMOUNT:

CURRENT DIET:

SOLID FOODS: CEREAL EGG MEAT VEGETABLES FRUIT

DAIRY PRODUCTS

CONSISTENCY:

FEEDING SCHEDULE/TIMES AND AMOUNT:

FOOD LIKES/DISLIKES:

ABLE TO USE: TODDLER CUP CUP GLASS SPOON FORK

SCHEDULE OF INTRODUCTION:

SOLID FOOD:

UTENSILS:

PUREE

TODDLER CUP

SEMISOLID

CUP

CHOPPED

GLASS

TODDLER

SPOON

FINGER FOODS

FORK

PARENTS WILL PROVIDE BOTTLES, TODDLER CUPS, AND FORMULA OR BREAST MILK LABELED WITH THE CHILD'S NAME ON THE CONTAINER.

COMMERCIALY AND/OR HOME PREPARED BABY FOOD WILL BE PROVIDED BY PARENTS FOR INFANTS AND TODDLERS. ALL FOOD CONTAINERS WILL BE LABELED WITH THE CHILD'S NAME AND THE DATE.

