INFANT ASSESSMENT FORM (0-12 months old)

(Please fill out completely and legibly if child is 0-12 months of age)

Current Eating Habits (pg. 3) must be updated every 30 days until child turns 1 year old.

CHILD'S INFORMATION

Name_____
(First Name) (Middle Name) (Last Name)

Date of Birth_____ - _____ - _____ **Age**_____ **Sex** Male Female

Does your child have a nickname? ☐ **Yes** ☐ **No** *If yes, what is it?* _____

FAMILY INFORMATION

Names of others living in the home	Birth date(s) /Age(s)	Relation to Child

FEEDING

Is your child breast fed? ☐ **Yes** ☐ **No**

If yes,

Do you plan to continue breast feeding? ☐ **Yes** ☐ **No**

If yes, how do you plan to carry this out? _____

What's your child's feeding schedule? _____

Do you supplement? _____

Is your child bottle fed? ☐ **Yes** ☐ **No**

What formula, bottle/nipple is your child currently using? _____

What is your child's bottle feeding schedule?

	Amount	How often?	Comments
Breast Milk			
Formula			
Milk			
Water			

What position does your child like to be in while bottle feeding? _____

What position does you child like to be in while being burped? _____

Does your child have any food sensitivities or allergies? ☐ **Yes** ☐ **No**

If yes, please identify: _____

SLEEPING/NAPPING

BEDTIME When is their bedtime? _____ **When do they wake up?**_____
Where do they sleep? _____
What is your procedure for putting them to sleep? _____
_____
NAPS When do they nap? _____ **How long do they nap?** _____
Where do they nap? _____
Does your child usually cry when going to sleep? ☐ Yes ☐ No
If yes, for how long? _____

SOCIAL/EMOTIONAL DEVELOPMENT

Describe your child's temperament: (example; colic, likes to cuddle)
_____
_____
What signs does your child give of being… (example; pulls at ears, rubs eyes, etc.)
Hungry _____
Tired _____
Over stimulated _____
Sick _____
Does your child separate easily from you? ☐ Yes ☐ No
Please comment: _____
Is your child afraid of anything? ☐ Yes ☐ No
Please comment: _____
Does your child have a favorite toy, blanket or soother? ☐ Yes☐ No
Please comment: _____
Does your child spend time with other children? ☐ Yes ☐ No
Please comment: _____
What activities does your child enjoy? _____
_____
_____
What activities does your child dislike? _____
_____

OTHER INFORMATION

Please provide any other information relating to your child that would be helpful in understanding and caring for your child. _____
_____
_____
_____
_____
_____

PARENT SIGNATURES

Parent/Guardian Signature_____**Date**_____

Parent/Guardian Signature_____**Date**_____

Current Eating Habits

Has your child been introduced to solids? ☐ Yes ☐ No

If yes, what type? ☐ Baby Food ☐ Table Food

List foods that they have tried at home _____

_____

_____

What do your child's meal typically consist of?

Breakfast: _____

Lunch: _____

Afternoon Snack: _____

Are there any foods that your child dislikes? _____

_____

Are there any foods (or types of foods) that your child should not eat while at daycare?

_____

Monthly Updates

This will serve as a summary of what they have tried up to date and must be updated every 30 days until baby turns 12 months old.

For Breakfast I have tried:

(circle all that they have tried or can try at daycare)

Rice/Oatmeal

- Rice Cereal
- Baby Oatmeal
- Fruit Puffs

Fruits

- Banana Orange Medley
- Banana Mixed Berries
- Bananas Apples & Pears
- Apple Strawberry Banana
- Apple Blueberry
- Apples & Cherries
- Banana
- Applesauce
- Peaches
- Pears
- Apricots w/Mixed Fruit

Comments: _____

_____

_____

For Lunch I have tried:

(circle any that they have tried or can try at daycare)

Rice/Oatmeal

- Rice Cereal
- Baby Oatmeal
- Fruit Puffs

Fruits

- Banana Orange Medley
- Banana Mixed Berries
- Bananas Apples & Pears
- Apple Strawberry Banana
- Apple Blueberry
- Apples & Cherries
- Apricots w/Mixed Fruit
- Banana
- Applesauce
- Peaches
- Pear Pineapple

Vegetables

- Sweet Potatoes & Corn
- Garden Vegetables
- Mixed Vegetables
- Squash
- Sweet Potatoes
- Carrots
- Green Beans
- Peas

Comments: _____

_____

_____

_____

_____

Updates

Please initial and date each time you update.

Initials	Date	Initials	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____