

# Abbey Montessori School

## Infant/Toddler Needs and Services

We at the Abbey Montessori School want to insure that your infant or toddler is receiving the best care possible. The following questions will assist us in caring for your child in a manner consistent with what is done at home.

Child's Name \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

What type of sleep schedule is your child on? \_\_\_\_\_

My child sleeps from \_\_\_\_\_ to \_\_\_\_\_ and \_\_\_\_\_ to \_\_\_\_\_.

Unless otherwise noted your child will be placed on his/her back for sleeping. Is this your preference? Please note otherwise.

\_\_\_\_\_

How do you get your child to sleep? \_\_\_\_\_

Do you use cloth or disposable diapers? \_\_\_\_\_

Do you use any diaper ointments? If so, which one \_\_\_\_\_

Does your child use any particular wipes? If so, which one \_\_\_\_\_

Does your child have any history of constipation, loose stool or urinary tract infections? Please explain

\_\_\_\_\_

Does your child drink breast milk, formula or milk?

\_\_\_\_\_

Does your child drink from a bottle or from a sipper cup?

\_\_\_\_\_

How often does your child drink? \_\_\_\_\_

Is your child on a feeding schedule? \_\_\_\_\_

How much is given at a time? \_\_\_\_\_

Does your child use pacifier? \_\_\_\_\_ If so, when? \_\_\_\_\_

Does your child eat table food? \_\_\_\_\_

(Please be sure to update food information sheet)

# Abbey Montessori School

Does your child have a specific eating schedule?

Breakfast? \_\_\_\_\_ Lunch? \_\_\_\_\_ Snacks? \_\_\_\_\_

Can your child feed him/her self? \_\_\_\_\_

How does your child like to be held? \_\_\_\_\_

Is your child sitting up? \_\_\_\_\_ What age? \_\_\_\_\_

Is your child crawling? \_\_\_\_\_ What age? \_\_\_\_\_

Is your child walking? \_\_\_\_\_ What age? \_\_\_\_\_

How does your child react to strangers? \_\_\_\_\_

---

How does your child react to loud noises?

---

What is the personality of your child? \_\_\_\_\_

---

Throughout the day, there will be many changes, how does your child typically handle changes?

---

Please sign below after you filled out this form and have your child's teacher review the information.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

*The Needs and Services Plan to be reviewed quarterly.*