



Greenwood Montessori Children's House

622 North Madison Avenue Greenwood, IN 46142
(317) 289-1962

TODDLER PROFILE SHEET

Date: _____

Child's Name: _____ DOB: _____ Age: _____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

I. Developmental History:

Length of pregnancy (number of months) and any complications: _____

Birth weight: _____

Birth length: _____

Type of delivery: _____

Newborn care: _____

Method of feeding (breast, bottle, until what age): _____

Type and age when solid foods were introduced: _____

Age that your child: (please explain any pertinent details)

Rolled over: _____

Sat Up: _____

Crawled: _____

Walked: _____

Talked: _____

II. Please explain:

Accidents: _____

Illness: _____

Injury: _____

Allergies (food, sinus, hay fever, medication): _____

Medication ___ Yes ___ No

List: _____

Speech Problems ___ Yes ___ No Currently receiving therapy? ___ Yes ___ No

Hearing Problems ___ Yes ___ No Currently using interventions? ___ Yes ___ No

Describe: _____

General health: ___ Good ___ Fair ___ Poor

Difficulties with physical movement ___ Yes ___ No

Describe: _____

Chronic problems: _____

Other toddler programs (e.g. Sunday School, Day Care, etc.) ___ Yes ___ No

Location: _____

Duration: _____

What is your approach to discipline at this time?

III. Tell us about your child.

Strengths: _____

Areas of Concern: _____

Describe his/her personality (preferences, traits, challenges, etc.): _____

IV. Tell us about your child's...

Motor skills: _____

Language development: _____

Reaction to stressful situations: _____

Sleeping patterns: _____

Dressing skills: _____

Toilet learning if started: (Describe your approach and your child's reaction to toilet learning)

Feel free to attach any additional comments.

Parent/Guardian Signature

Date