

# Infants and Toddlers

Providing this additional information will help us better understand and meet the needs of your child.

Does your child:

	YES	NO	ALMOST
Roll from back to front			
Roll from front to back			
Crawl			
Pull self up			
Walk with support			
Everywhere at once			
Have any eating problems			
Use a pacifier			
Suck his/her thumb			
Enjoy eating			
Feed self			
Use utensils			
Drink with sippy cup			
Sit in highchair			
Sit at table			
Have regular bowel movements			
Have frequent accidents			
Have diarrhea			
Have constipation			
Have a history of colic			
Have sensitive skin			
Have frequent diaper rash			
Toilet training			
With potty chair			
With special toilet seat			
With regular toilet seat			

How does your child react to new people changing his/her diaper?

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What is your child's favorite comfort item?

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Does your child have a fussy time? If so, when, and how is it handled?

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