



# Happy Minds Kids Academy

## Infant/Toddler Service Needs Plan

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

Date \_\_\_\_\_

### Feeding:

Does your child drink/eat:  Formula  Baby Food  Breast Milk  Finger Foods

Formula brand names: \_\_\_\_\_

Consistency: \_\_\_\_\_

Foods liked: \_\_\_\_\_

Foods disliked: \_\_\_\_\_

Any known ALLERGIES \_\_\_\_\_

If your child is on liquids only, at how many months will finger foods be introduced? \_\_\_\_\_

Feeding times: Morning: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Afternoon: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Please describe your child's eating habits: \_\_\_\_\_

How does your child prefer to be held while drinking a bottle? \_\_\_\_\_

How much does your child usually eat/drink at one feeding? \_\_\_\_\_

Do you usually burp your baby? \_\_\_\_\_

### Napping

Does your child prefer to sleep on his/her  back,  tummy,  side?

With a pacifier?  Without a pacifier?

When are naps taken and how long?

Morning Naps: \_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_

Afternoon Naps: \_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_

Are there any other things regarding your child you would like us to know?

\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature

Date