

## Toddler Development Plan

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

### Sleeping Routine

Pre-nap Routine: \_\_\_\_\_

How many naps per day? \_\_\_\_\_ Length of naps: \_\_\_\_\_

What times does he/she take naps? \_\_\_\_\_

Waking Behavior/ Routine: \_\_\_\_\_

Does your child sleep in a crib or bed? \_\_\_\_\_

Special Concerns: \_\_\_\_\_

### Eating Routine

How does your child receive liquids:

Cup? \_\_\_\_\_

Sippy Cup? \_\_\_\_\_

Bottle? \_\_\_\_\_

Does your child eat unassisted? \_\_\_\_\_

How do you feed your child?

Held in Lap? \_\_\_\_\_ High Chair? \_\_\_\_\_ Sit at table? \_\_\_\_\_ Other? \_\_\_\_\_

### Juice/Milk/Solids

Type? \_\_\_\_\_

When? \_\_\_\_\_

Amount? \_\_\_\_\_

Does your child eat unassisted? \_\_\_\_\_ Does your child enjoy eating? \_\_\_\_\_

How is your child fed? \_\_\_\_\_ Held in Lap? \_\_\_\_\_ High Chair? \_\_\_\_\_ Other? \_\_\_\_\_

Parents' suggestions for feeding: \_\_\_\_\_

Any special feeding problems? \_\_\_\_\_

Any known Food Allergies? \_\_\_\_\_

What is your child's favorite food? \_\_\_\_\_

Is there any food that your child dislikes? \_\_\_\_\_

### Diapering Routine

Has potty training been attempted? \_\_\_\_\_ If so, what age? \_\_\_\_\_

How is your child doing with it? \_\_\_\_\_

Does your child use a potty chair? \_\_\_\_\_

Does your child use the toilet? \_\_\_\_\_

What is your child's name for bowel movement? \_\_\_\_\_

What is your child's name for urination? \_\_\_\_\_

Type of Diapers used: \_\_\_\_\_ Type of Wipes used: \_\_\_\_\_

Is your child's skin highly sensitive? \_\_\_\_\_ Frequent Diaper Rash? \_\_\_\_\_

Please specify brand names of the following if used:

Oil \_\_\_\_\_ Powder \_\_\_\_\_ Lotion \_\_\_\_\_

Ointment \_\_\_\_\_ Other \_\_\_\_\_

**If any medicated product is used, it must be accompanied with a medication order form signed by a Doctor.**

Describe any special diapering procedures: \_\_\_\_\_

Are bowel movements regular? \_\_\_\_\_ How many per day? \_\_\_\_\_

Approximate times? \_\_\_\_\_

Special Concerns? \_\_\_\_\_

### Health and Growth Information

Does your child have a "fussy" time? \_\_\_\_\_ When? \_\_\_\_\_

How is this handled? \_\_\_\_\_  
\_\_\_\_\_

Does your child:

Sit up unassisted? \_\_\_\_\_ Crawl? \_\_\_\_\_

Pull Up? \_\_\_\_\_ Stand? \_\_\_\_\_

Walk? \_\_\_\_\_

Does your child have any allergies, besides food? \_\_\_\_\_

Does your child take medication on a regular basis? \_\_\_\_\_

**Any medication dispensed while at Stepping Stone, must be accompanied with a medication order form signed by a Doctor.**

### Activity Routine

At home, my child can do the following activities: \_\_\_\_\_  
\_\_\_\_\_

I would like my child to work on the following activities while at Stepping Stone: \_\_\_\_\_  
\_\_\_\_\_

Are there any special considerations the staff needs to know about your child?  
\_\_\_\_\_  
\_\_\_\_\_

**Stepping Stone Children's Center ensures that, daily, every child is:**

- Held, played with and talked to.
- Given opportunities to sit, crawl, toddle or walk outside of the crib.
- Taken outside, weather permitting.

This form will be updated every two months, or sooner if requested by the staff or parent/guardian.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date