Creative Minds Child Development Center
4977 Dent Avenue, San Jose, CA 95118 •• (408) 445–0101

Infant/Toddler Needs & Services Plan

Date _____

This plan will be revised every three months in order to best serve your child.

Family Information

Child's Name	Nickname	Date of Birth
Primary Caregiver(s) at home	Expected Arrival Time	Expected Pick-up Time

Self Help Skills

Does your child drink from a bottle?	If so, bottle type:	Nipple type/flow:
Does your child drink from a cup?	Does your child eat solid foods?	
Does your child feed himself/herself finger foods?	Does your child feed himself/herself with a spoon or fork?	
Is your child potty trained? / If yes, at what stage?	If currently potty training, what can we do to assist at school?	
What can your child do independently?		
What does your child need help doing?		

Eating Habits

Does your child have any allergies?	Signs of allergic reaction:
Is your child on a special diet? (If yes, please explain.)	
Does your child drink breast milk or formula? If formula, what kind?	Does your child drink milk? (If yes, what kind?)
Does your child drink juice? (If yes, what kind? Is it diluted?)	Where does your child eat at home? (High chair, parent's lap, etc.)
How does your child express that he/she is hungry? (Fussing, baby sign, pointing, etc.)	

Meal Schedule	
Breakfast	Time
Lunch	Time
Dinner	Time
Snacks	Time
Favorite Foods	
Food Dislikes	

Drinking Schedule			
Liquid	Amount	Time	Cup or bottle?
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Is there anything else we should know about your child's eating/drinking routines?			

Sleeping Habits

What is your child's normal bedtime?	What time does your child usually wake?
How does your child normally sleep at night?	Where does your child normally sleep at night?
What is your child's bedtime routine?	
When does your child usually nap?	For how long?
Does your child have any special naptime items?	
How does your child express that he/she is tired? (Fussing, rubbing eyes, etc.)	
Does your child use a pacifier?	When?

Curriculum

Current Fine Motor Skills
Current Gross Motor Skills
What language(s) do you speak at home with your child?
Favorite Activities
Does your child have any special needs?
Other comments or special instructions?

Parent Signature _____ **Date** _____

Teacher Signature _____ **Date** _____

Director Signature _____ **Date** _____

Updates

This plan will be updated every three months in order to best serve your child.
You can make minor corrections on this form and sign here, or you can ask for a new form.

Parent Signature	Date	Child's Age
Parent Signature	Date	Child's Age
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