## $\frac{\textbf{MAGNOLIA MONTESSORI SCHOOL INFANT/TODDLER}}{\textbf{SCHEDULE}}$

| CHILD NAME BITRTHDATE  |
|--|
| GENERAL:   |
| HOW WOULD YOU DESCRIBE YOUR CHILD'S PERSONALITY?                                     |
| WHAT ARE SOME OF YOUR CHILD'S FAVORITE THINGS?                                       |
| DOES YOUR CHILD HAVE ANY MEDICAL PROBLEMS, WHICH REQUIRE SPECIAL MEDICAL ATTENTION?  |
| DO YOU HAVE ANY SPECIAL DIAPERING INSTRUCTIONS?                                      |
| SLEEP SCHEDULE:  |
| WHAT TIME DOES YOUR CHILD WAKE UP?   |
| DOES YOUR CHILD SLEEP WELL?  |
| DOES YOUR CHILD PREFER TO SLEEP ON HIS/HER BACK OR TUMMY?                            |
| WHAT ARE YOUR CHILD'S USUAL NAP TIMES?   |
| HOW LONG DOES HE/SHE USUALLY SLEEP?  DOES THE CHILD SLEEP WITH A PACIFIER OR BOTTLE? |
| OR HAVE A SPECIAL NAPTIME BLANKET OR TOY?  |
| FEEDING SCHEDULE:  |
| DOES YOUR CHILD TAKE A BOTTLE?   |
| IF SO/WHAT KIND OF FORMULA DO YOU USE?   |
| DOES YOUR CHILD HAVE ANY FOOD ALLERGIES, EATING PROBLEMS OR FOOD DISLIKES?           |
| DOES YOUR CHILD FEED HIS/HER SELF WITH A SPOON?                                      |
| DOES YOUR CHILD DRINK FROM A CUP BY HIS/HER SELF.?                                   |
|  |

PLEASE FILL OUT THE ATTACHED FORM ON YOUR CHILD'S NORMAL FEEDING SCHEDULE.

## PERSONAL SERVICES PLAN

TOILET TRAINING:

| CHILD USES:                               | DIAPERS                                  |  |                                 | DISPOSABLE                            | 3                                  | CLOTH                      |
|---|--|--|---------------------------------|---------------------------------------|------------------------------------|----------------------------|
|   | TRAINING PA                              | ANTS   |                                 |                                       |                                    |                            |
|   | POTTY CHAI                               | R  |                                 |                                       |                                    |                            |
|   | TOILET                                   |  |                                 |                                       |                                    |                            |
| CONTAINER 7                               | THAT WILL PE                             | ARE NOT USEC<br>REVENT THE ES<br>ID THE PARENT | CAPE OF                         | FLUIDS ANI                            | ODORS.TH                           | HE CONTAINER               |
| METHODS OF                                | INTRODUCTIO                              | ON:  |                                 |                                       |                                    |                            |
| PANTS, POTT<br>INDICATES A<br>HYGIENE PRO | Y SEAT AND<br>N INTERST I<br>OCEDURES AR | ODUCED TO  | N HE/SHE<br>TRAINING<br>ED INTO | IS DEVELO<br>G IN CORRE<br>THE TOILET | OPMENTALY<br>ECT HANDV<br>TRAINING | Y READY AND<br>WASHING AND |
| PLAN OF INTE                              | RODUCTION:                               |  |                                 |                                       |                                    |                            |
|   |  |  |                                 |                                       |                                    |                            |
|   |  |  |                                 |                                       |                                    |                            |
|   |  |  |                                 |                                       |                                    |                            |
|   |  |  |                                 |                                       |                                    |                            |
|   |  | THE CHILD IS<br>DIAPERS AND/C                  |                                 |                                       |                                    |                            |
| ALL CHILDR<br>CIRCUMSTAN                  |  | PROCESS OF THEIR USE.                          | TOILET                          | TRAINING                              | MAY BE                             | DIAPERED IF                |

## INFANT INDIVIDUALIZED NEEDS PLAN

| CHILD'S NAME:                           |           |         |            |       |             |           |
|---|-----------|---------|------------|-------|-------------|-----------|
| DATE OP' BIRTH:                         |           |         |            |       |             |           |
| F'OOD ALLERGIES:                        |           |         |            |       |             |           |
| CHILD CONSUMES:                         | BREAST M  | ILK     |            |       |             |           |
|   | FORMULA   |         |            | BRANI | D           |           |
| FEEDING SCHEDULE/I                      | TIMES AND | AMOUNT: |            |       |             |           |
| CURRENT DIET:                           |           |         |            |       |             |           |
| SOLID FOODS: CEREA                      | L EG      | G       | MEAT       | VEG   | ETABLES     | FRUIT     |
| DAIRY                                   | PRODUCTS  |         |            |       |             |           |
| CONSISTENCY:                            |           |         |            |       |             |           |
| FEEDING SCHEDULE/T                      | IMES AND  | AMOUNT: |            |       |             |           |
|   |           |         |            |       |             |           |
| FOOD LIKES/DISLIKES                     | :         |         |            |       |             |           |
| ABLE TO USE: TODDL                      | ER CUP    | CUP     | G          | LASS  | SPOON       | FORK      |
| SCHEDULE OF INTROD                      | OUCTION:  |         |            |       |             |           |
|   |           |         | LITERION C | 1     |             |           |
| SOLID FOOD:                             |           |         | UTENSILS   |       |             |           |
| PUREE                                   |           |         | TODDLER    | CUP   |             |           |
| SEMISOLID                               |           |         | CUP        |       |             |           |
| CHOPPED                                 |           |         | GLASS      |       |             |           |
| TODDLER                                 |           |         | SPOON      |       |             |           |
| FINGER FOODS                            |           |         | FORK       |       |             |           |
| PARENTS WILL PROV<br>LABELED WITH THE C |           |         |            |       | RMULA OR BR | EAST MILK |

COMMERCIALLY AND/OR HOME PREPARED BABY FOOD WILL BE PROVIDED BY PARENTS FOR INFANTS AND TODDLERS. ALL FOOD CONTAINERS WILL BE LABELED WITH THE

CHILD'S NAME AND THE DATE.

| FEEDING SCHEDULE FOR: (NAME OF CHILD)   |
|---|
| DEAR PARENTS:   |
| PLEASE WRITE AN APPROXIMATE FEEDING SCHEDULE FOR YOUR CHILD BELOW. PLEASE INCLUDE AN APPROXIMATE TIME THE CHILD IS GIVEN FOOD AND FORMULA AND THE QUANTITIES. |
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| PARENT/GUARDIAN SIGNATURE   |

**DATE**: .....