



All About Me



Child's Name: _____ Birthdate: _____

Foods I Enjoy

Food Allergies? Yes No

If yes, what?

My Sleeping Habits

Naps? yes no How long? _____

I sleep through the night? Yes No

My bedtime is _____ I wake up at _____

What I Can Say

Words: _____

Phrases: _____

What I Can Do

I can walk. Yes No

Age I started walking: _____

I can climb. Yes No

I can run. Yes No

I can jump. Yes No

I can scribble. Yes No

I can build with blocks. Yes No

Something Special About Me

Parent's Signature: _____

Caregiver's Signature: _____