Toddler Care Plan

Childs Name :

Date of Birth:

Start Date/ Contracted Days:

Routine ; Summarise your child's daily routine

Sleep :

Meals times- Do they feed themselves/cutlery/finger foods:

Food they like:

Foods they don't like:

Tommee Tippee/ Open Cup:

Comforter:

Nappy changing Information:

Do you use wipes/cotton wool/creams for nappy changes?

Is there a particular brand you prefer to use?

If so why?

Potty/Toilet Training ☐ Toilet Trained ☐

Medicine

Calpol ☐ Nurofen ☐ Teething Gel ☐

Do they take any regular medication/ What medication?

Reasons for / When is it needed?

Development: Please tick the following boxes;

Physical Development –

Can they climb ☐ Jump ☐ Run ☐

Ride a bike ☐ Throw a ball ☐ Kick a ball ☐

Do they use pencils ☐ Do they use scissors ☐

Communication Language Literacy Development-

Two word sentences ☐ Three word+ sentences ☐

Follow simple instructions ☐ Listen to stories ☐ Look at books ☐

Home Language _____

Mathematical Development –

Name shapes Circle ☐ Square ☐ Rectangle ☐ Star ☐

Triangle ☐ Oval ☐ Diamond ☐ Heart ☐

Counts to_____

Understanding the World-

Pop up toys ☐ Computer ☐ Ipad/Tablet ☐ Outdoor Play ☐

Expressive Arts and Design -

Name colours Red ☐ Yellow ☐ Pink ☐ Green ☐ Orange ☐ Purple ☐

Blue ☐ Brown ☐ Black ☐ Grey ☐ White ☐

Pretend play ☐ Small World ☐ Singing ☐ Dancing ☐

Do you have any concerns about your child's development?

About your child;

My name is, What I liked to be called :

Who lives in my house:

What I call Mummy and Daddy:

My brothers and sisters are called:

My pets:

Have they ever attended a nursery/playgroup/childminder ?

Please provide contact details:

My favourite things/toys/places :

What upsets me:

General Comments:

Next Steps:

Parents Signature _____ Key Person _____