

Toddler Needs and Service Plan

Schedule for Solid and New Foods

Food Groups	Age	Specific Food	Consistency
Bread and Cereals			<input type="checkbox"/> Strained <input type="checkbox"/> Chopped <input type="checkbox"/> Whole
Fruits			<input type="checkbox"/> Strained <input type="checkbox"/> Chopped <input type="checkbox"/> Whole
Vegetables			<input type="checkbox"/> Strained <input type="checkbox"/> Chopped <input type="checkbox"/> Whole
Meats			<input type="checkbox"/> Strained <input type="checkbox"/> Chopped <input type="checkbox"/> Whole
Dairy			<input type="checkbox"/> Strained <input type="checkbox"/> Chopped <input type="checkbox"/> Whole

Diet

Special instructions from child's pediatrician relating to diet:

Sleeping Patterns

Sleeping Schedule:

Does your child take a nap in the morning? Yes No
 Approximately what time? _____ Usually how long _____

Does your child take a nap in the afternoon? Yes No
 Approximately what time? _____ Usually how long? _____

Does your child sleep with any transitional objects (blankets, pacifier, etc.)? Yes No
 If yes, what objects? _____

Special instructions: _____

Diaper & Toilet Training Plan

Diaper/Toilet Training:

Infants and toddlers will be checked frequently and will be kept clean and dry.

Child uses:

- Disposable diapers- Brand _____
- Wipes- Brand _____
- Training Pants- Brand _____
- Potty chair
- Toilet

Any other products which may be used on your child:

Special Instructions: _____

Method of toilet training: _____

At what age would you like to start the introduction and use appropriate:

Training equipment: _____

Training pants: _____

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Individual Schedule Individual Schedule of the Infant/Toddler Routine:

Arrival Time: _____ Pick up Time: _____

Morning Feedings: _____ Morning Nap: _____

Mid day Feedings: _____ Mid day Nap: _____

Evening Feedings: _____

Active play, diapering and toileting and all other interactions will be provided around your child's routine.

Individual Activities Individual Infant and Toddler Activities:

An individual monthly plan covering all areas of development will be designed at the beginning of each month and reviewed with the parent. A copy of the plan, approved by staff and parent will be kept in the child's file and attached to the child's clipboard for parent's records.

This form is required to be updated four times per year as your child's needs change and reviewed with parent/guardian prior to being signed and approved by persons listed below.

Parent Signature _____ **Date Signed** _____

Teacher's Signature _____ **Date Signed** _____