MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

ALL ABOUT MY CHILD

INSTRUCTIONS

This tool was developed to help your child care provider support the growth and development of your child while creating a safe stable and healthy environment for all children.

STEP I: INFORMATION TO BE COMPLETED BY THE PARENT/GUARDIAN

IDENTIFYING INFORMATION: Fill in identifying information including your child's nickname.

THINGS MY CHILD DOES WELL: Indicate characteristics of your child's behavior and skills which you consider to be things your child does well in the following areas: physical activity, language, self-care, emotional, and social. Examples could include your child's problem solving ability, inquisitiveness, expression of thoughts, sharing ability, climbing skills, ability to use a spoon, fork, or drinking cup. Your child care provider can use these examples to help your child develop new skills.

WHAT MY CHILD LIKES AND DISLIKES: Indicate your child's likes and dislikes including toys, objects, people, foods, and activities. Indicate if fear is associated with any dislikes and discuss with your provider. Making a note of your child's likes and dislikes will help the provider make your child feel more comfortable.

THINGS I AM WORKING ON WITH MY CHILD: Let the child care provider know the skills and activities that you consider important for your child to learn and ones that you are working on at home, through school, or with a private practitioner. These could include self-help skills, language skills, social skills, coordination, large muscle activities, and/or behavior skills. The provider may be able to reinforce these efforts and provide consistency when appropriate.

MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES: Describe those activities in which your child most enjoys participating, such as circle games, climbing, running, or bike riding. This knowledge will help the child care provider plan activities to include your child.

MY CHILD HAS DIFFICULTY WITH THESE ACTIVITIES: Indicate if your child dislikes, has difficulty with, or is physically restricted from performing certain activities. Examples of this may include a dislike of playing games with balls, falling frequently when climbing, or a restriction from participating in strenuous exercise.

MY CHILD WILL NEED THE FOLLOWING EQUIPMENT AND/OR ROUTINES: Indicate if your child needs equipment to participate fully in the program. Equipment may include such things as glasses, a wheelchair, braces, crutches or other walking aids, a hearing aid, a helmet, a communication board, a nebulizer, special feeding utensils, and/or other adaptive devices. If applicable, include directions and demonstrate how the equipment is to be used. Indicate if the child requires any procedures or treatments. These may include blood glucose monitoring, catheterization, positioning, special exercises, a plan for emergency care, and/or a behavior management program. Directions may be provided by the parents, physician, or other professionals.