

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

INDIVIDUAL CARE PLAN

Date: \_\_\_\_\_

(To be updated every 90 days)

- 1. My child awakens at \_\_\_\_\_ in the morning.
- 2. My child eats breakfast at \_\_\_\_\_ in the morning.
- 3. Breakfast usually consists of \_\_\_\_\_
- 4. After breakfast, my child usually \_\_\_\_\_

5. My child takes \_\_\_\_\_ naps a day. The first nap takes place at \_\_\_\_\_ Duration \_\_\_\_\_

Duration                  Duration                  Duration                  Duration

\_\_\_\_\_                  \_\_\_\_\_                  \_\_\_\_\_                  \_\_\_\_\_

- 6. My child naps again at these times \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- 7. My child's signs of tiredness are \_\_\_\_\_
- 8. What methods currently help your child fall asleep for naps? \_\_\_\_\_

9. What type of milk does your child drink? Formula: Brand/Type \_\_\_\_\_

Please Circle:

Whole Milk                          Breast Milk                          Other \_\_\_\_\_

10. My child likes the milk:                  Warm                  Cold

amount                  amount                  amount                  amount

\_\_\_\_\_                  \_\_\_\_\_                  \_\_\_\_\_                  \_\_\_\_\_

11. My child takes milk at these times: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Please Circle:

Served in a:      bottle                  Sippy cup                  small open cup

12. My child is eating solids:      Yes                  No

My child drinks \_\_\_\_\_ along with their solid meal.

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13. I expect my child will eat solid meals at the following times:

\_\_\_\_\_ Typical serving: \_\_\_\_\_

\_\_\_\_\_ Typical serving: \_\_\_\_\_

\_\_\_\_\_ Typical serving: \_\_\_\_\_

14. Any known food allergies: \_\_\_\_\_

15. When your child is awake and not being fed or changed, what is the usual routine.

Please Circle:

My child is held/rocked,      Placed in swing, bouncer, seat,      Spending time on the floor

Other: \_\_\_\_\_

Any other info you would like us to know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Best Number to reach me: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_