



***Your Child's needs and services plan**

Date:.....Child's Name.....
Birth Date/Age of child.....

Sleeping Routine

Pre sleep routine / ritual's.....
How many sleeps per day AM/PM.....
Typical length of sleep.....
Any special position your child prefers.....
Waking behaviour/ routine.....
Special concerns.....

Eating Routine

Any known allergies.....
Food Likes or eating preferences.....
Food dislikes or eating problems.....
Special diet/requests.....
Special concerns.....

Bottle or Cup Routine

Bottle or cup (please circle)

Milk	Type.....	Amount	Time of Day.....
Formula	Type.....	Amount	Time of Day.....

Comforting / Distress

Any security object Name of it..... When needed.....
Dummy When needed.....
Other information.....

Nappy changing Routine

Is your child allergic to any particular brand of ointment or wipes.....

Bandaid

Is your child allergic to any particular brand.....

Any Other important Information

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This document will be updated every 3 months or sooner if requested by parent/guardian

Parent Signature..... Staff Signature.....
Date Date.....