

## DAILY NEEDS QUESTIONNAIRE

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Toileting:

Is your child  In nappies?  Toilet training?  Using the toilet?

Please indicate what assistance you child may need when toileting:

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### Rest:

Does your child have a sleep during the day? Yes  No

Please provide details of your child's sleep routine (times, bed or cot, comforters; etc.):

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### Meal times:

Does your child feed him/herself at home? Yes  No

Does your child have a meal time routine? Yes  No

Please specify (e.g. time, seating, language):

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Does your child have a special diet? Yes  No

Please specify (e.g. vegetarian, gluten free, lactose free, mashed, etc):

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Is there any particular food your child likes/dislikes?

Yes

No

Please specify:

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**Transition**

Does your child attend other children's services?

Yes

No

Please specify:

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Does your child separate from you easily?

Yes

No

If NO, how do you feel separation best managed:

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**Parents' Goals and Concerns:**

Are there any specific goals you have for your child whilst they are being educated and cared for at Malak Family Centre? (Please include the things that you would like to see your child achieve, and participate in):

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Do you have any particular concerns about your child?

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Is there any further information that you feel may assist us in providing the service best suited to the needs of your child and family? (Examples: child rearing practices, religious beliefs, cultural background, family situation, recent significant events):

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