Learn And Play Montessori School

Needs and Services Plan

Today's Date: _____ Date of Enrollment: _____ Classroom: _____

Child's Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian Name: _____

Parent/Guardian's Contact #: _____

The next update for _____'s Needs and Services plan is

scheduled for (M/D/Y):_____/_____/____ or will be conducted as needed.

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

DIAPERING/TOILETING ROUTINES

For children who are beginning to potty train at home, parents must provide two complete sets of extra clothes (socks, shirt, and pants). Parents must also provide five pairs of underwear/panties in addition to Pull-Ups (with side Velcro) to keep on hand at school. We understand how important it is for children to have a successful experience when it comes to potty training. Our teaching staff will do their best to work in collaboration with parents when children are ready to start the potty-training process. LAPMS teachers will assist children with potty needs every two hours, or as needed. After the second potty accident, staff will change the child into Pull-Ups and will continue to take children to the bathroom every two-hour basis or as needed during the remainder of the day.

Is your child toilet trained? ☐Yes ☐No ☐Urination ☐Bowel☐Both

If yes, when did you begin: _____

Does our child have accidents? ☐Yes ☐No If yes, how often/when? _____

Does your child wear diapers during the day? ☐Yes☐No

Does your child wear diapers when napping? ☐Yes☐No

Words used for urination: _____

_____

Words used for bowel movement: _____

_____

Are bowel movements regular? ☐Yes ☐No ☐How often/when? _____

_____

What is used for home toileting? ☐Potty chair ☐Potty seat ☐Regular seat ☐Explain: _____

_____

How can we support toilet learning at school? _____

_____

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EATING AND FEEDING

Liquids: ☐Breastmilk ☐Formula ☐Water

If your child is drinking formula, what type: _____

Bottle Type: ☐Disposable ☐Reusable Flow Level: _____

Bottle Temperature: ☐Warm ☐Room ☐Temperature ☐Cold

Feeding Frequency: _____ Number of Ounces: _____

Does your child drink from a sippy cup? ☐Yes ☐No

Solids: ☐Purees ☐Finger Foods ☐None (Yet)

(**Infant ONLY)** When or how frequently does your child eat: _____

(**Infant ONLY)** Plan for introduction of solids: _____

_____

_____

List any strong preferences or known allergies and their symptoms: _____

_____

_____

_____

Can your child eat any or all center snacks? ☐Yes ☐No

_____ I understand that I may replace the planned snack with a comparable alternative.

_____ I understand that I must label all bottles and containers with my child's name and the date, and that glass containers are not permitted.

NAPPING

In what position does your child usually sleep?

☐On back ☐On stomach ☐On right side ☐On left side

Note: we are required by law to always place infants on their backs, and allow them to assume their preferred position on their own.

Does your child usually sleep with a special toy or blanket?_____

_____ I understand that my child may use a sleep sack until he or she is crawling, and then must use a normal blanket or a legged sleep sack

_____ I understand that I must provide appropriate sleep mat bedding (such as a king-size pillowcase or other snug-fitting cover – no crib sheets) once my child is over 12 months old.

Do you have any special techniques for helping your child get to sleep?

☐Read ☐Sing ☐Rub Back ☐Rock to Sleep Other:_____

Does your child nap during your commute? ☐Yes ☐No