

INFANT/TODDLER NEEDS AND SERVICES PLAN

Child's name: _____ Date of Birth: _____

Parent's name: _____ Date Form Completed: _____

Feeding

Liquids:

Child is to be fed the following:

- Breast Milk
- ScuttleBugs Provided Formula: Circle: Enfamil Premium* Enfamil Gentlease*
- Other Parent Provided Formula: _____
- Whole Milk
- Other Parent Provided Milk: _____

Child uses:

- Sippy Cup
- ScuttleBugs Provided Bottle Circle: Avent* Dr. Brown*
- Other Parent Provided Bottle: _____

Amount: _____

Nipple Size: _____

Temperature: _____

How many times a day and at what time does your child have a bottle feeding?

Any additional instructions? _____

Solid Foods:

Circle: Infant Schedule Toddler Schedule

Child is currently on purees? Yes / No solid foods? Yes / No

Food Restrictions: _____

Approved foods

Vegetables: _____

Fruits: _____

Meats: _____

Grains: _____

How many times a day and at what time does your child have solid foods?

Any additional instructions/likes & dislikes: _____

Child can feed self? Yes / No

*Comparable substitutions may be given.



Napping

Schedule

How many naps per day? _____

Approximate Duration? _____

Approximate times:

1st Nap: _____ 2nd Nap: _____ 3rd Nap: _____ 4th Nap: _____

Instructions:

How does your child fall asleep (Rocked, patted, on back, on tummy, on side, etc.)?

Sleep Sack Yes No

Blanket (to be used on cots only) Yes No

Pacifier Yes No

Diapering

Diapers:

Circle: ScuttleBugs Provided

Other Parent Provided: _____

Size: _____

Wipes:

Circle: ScuttleBugs Provided

Other Parent Provided: _____

Diaper Cream:

Circle: ScuttleBugs Provided

Other Parent Provided: _____

Any Other Information: _____

**Schedule
&
Activities**

Approximate Drop Off: _____

Approximate Pick Up: _____

Activities that your child likes:

Additional Information:

Parent Signature _____ **Date Signed** _____

Teacher's Signature _____ **Date Signed** _____

