

MARYLAND STATE DEPARTMENT OF EDUCATION  
Office of Child Care

ALL ABOUT: \_\_\_\_\_  
Child's First Name

Child's Name:		Birth Date:	
Parent/Guardian:		Phone (H):	Phone (W):
Address:	City/Town:		State/Zip:
Provider/Center:		Phone:	
Address:	City/Town:		State/Zip:

The information contained herein is for CONFIDENTIAL USE ONLY.

**THINGS MY CHILD DOES WELL**


**WHAT MY CHILD LIKES AND DISLIKES**


**THINGS I AM WORKING ON WITH MY CHILD**


**MY CHILD ENJOYS THESE SPECIAL ACTIVITIES**


**MY CHILD HAS DIFFICULTY WITH THESE ACTIVITIES**


**MY CHILD WILL NEED THE FOLLOWING EQUIPMENT AND/OR ROUTINES**


**THINGS MY CHILD MIGHT NEED HELP WITH**


**WHAT SPECIAL ADAPTIONS WITH THE PROGRAM MAKE AT THIS TIME?**


**This information is intended for use by the child care provider, developed in cooperation with the parents. THIS IS NOT INTENDED TO BE A LEGALLY BINDING CONTRACT.**

Signatures:

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Updates:

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_