

INFANT / TODDLER 3 MONTH UPDATE FORM

(Form MUST be updated every 3 months)

This form meets the requirements of DCF 251.09(1)(am)

Child's Name _____ Date of Birth _____

Mother's Phone # (H) _____ (W) _____

(C) _____

Father's Phone# (H) _____ (W) _____

(C) _____

Note all changes since last update. If more space is needed, use back of form

Feeding: _____

Sleeping: _____

Diapering/toileting: _____

Verbal Communication _____

Comforting: _____

Self-expression: _____

Emotional: _____

Physical Development: _____

Rolls over _____

Sits up /help _____

Sits up alone _____

Crawls _____

Pulls up _____

Climbs _____

Walks holding on _____

Walks w/ support _____

Jumps _____

Feeds self bottle _____

Feeds self solid foods _____ *list foods under feeding*

Any changes to Health History: _____

Additional Information: _____

Parent

Signature: _____ Date: _____

Staff and parents will continue to update this form as changes occur in child's daily activities & schedule.

******Note – all phone number changes MUST also be reported to the office for the main file. ******