# Infant Needs Checklist (0-18 mos.)

### Safety
- Medications/Allergies (Check all that apply)
  - Medications/dosage
  - Food allergies
  - Medication allergies
  - Environmental allergies

### Eliminating
- Typical voiding patterns
  - Type of diaper used
  - Size of diaper used
  - No. of diapers per day
  - Difficulties with constipation?

### Feeding
- Type of formula or breast-milk
  - (Check preferred formula)
    - Breast-milk
    - Similac
    - Isomil
    - Enfamil
    - Carnation
    - Nutramigen
    - Whole-milk (infants over 12 months)
    - Other: ________________

- Specialty Formula
  - High-calorie for low birth weight infant.
    - Type ________________
  - Formula for lactose-intolerance/allergy
    - Type ________________

- Type of bottle/nipple used: ________________

### Sleep
- What is baby’s typical sleep schedule?
  - Last nap
  - Typical length of daytime nap
  - Length of time at night before feeding

- How does baby usually get to sleep?
  - Infant needs caregiver assistance
  - Infant can put self to sleep
  - Routine for sleep (check all that apply)
    - Pacifier
    - Swing
    - Music
    - Swaddling
    - Swaying
    - Other: ________________

- Where does baby sleep? Baby’s preference?
  - Crib
  - Bassinet
  - Pak-n-Play
  - Parent/Caregiver
  - Other: ________________

### Sensorimotor
- What nicknames is the baby called?
- When and why does baby usually cry? What are baby’s fears?

- SW obtained favorite pacifier, toy, stuffed animal, blanket or rattle for new placement
  - Yes  □  No  □ (If no, attempt to obtain)

- Techniques used for calming (check all that apply)
  - Rocking
  - Swaddling
  - Pacifier
  - Swinging
  - Music
  - Sling/Front-pack
  - Other: ________________
### Toddler Needs Checklist (18-36 mos.)

#### Safety
- Medications/Allergies (Check all that apply)
  - Medications/dosage
  - Food allergies
  - Medication allergies
  - Environmental allergies

#### Eliminating
- Typical voiding patterns
  - Diapers, Type used ___________
  - Pull-ups, Type used ___________
  - Toilet Trained: Urination ____Elimination ____
  - Night Trained
  - (Toddlers may regress if toilet-trained)
  - Difficulties with constipation?

#### Feeding
- Specialty Formula
  - High-calorie for low birth weight infant.
  - Type ___________
- Formula for lactose-intolerance/allergy
  - Type ___________

#### Typical voiding patterns
- Diapers, Type used ___________
- Pull-ups, Type used ___________
- Toilet Trained: Urination ____Elimination ____
- Night Trained
- (Toddlers may regress if toilet-trained)
- Difficulties with constipation?

#### Feeding Routine
- How often does toddler need to eat?

#### Toddler feeding cues (Check all that apply)
- Uses words/language
  - Words used: ___________
- Behavioral changes
  - Tantrums
  - Acts tired

#### Sleep
- What is baby’s typical sleep schedule?
  - Typical time/length of daytime nap
  - Time usually goes to bed ___________

#### Naptime Sleep Ritual
- Reads stories – Favorite ___________
- Back rubbing/massage ___________
- Rocking ___________
- Bottle/snack ___________
- Pacifier ___________
- Music, singing ___________
- Can put self to sleep ___________
- Requires dark room ___________
- Requires night light ___________
- Other: ___________

#### Bedtime Sleep Ritual
- Reads stories – Favorite ___________
- Back rubbing/massage ___________
- Rocking ___________
- Bedtime snack/bottle ___________
- Pacifier ___________
- Music, singing ___________
- Can put self to sleep ___________
- Requires dark room ___________
- Requires night light ___________
- Other: ___________

#### Sensorimotor
- What nicknames is the toddler called?

#### Techniques used for calming (check all that apply)
- Quiet-time with caregiver
- Pacifier
- Swinging/Rocking
- Music
- Other: ___________

#### What words does toddler use for/how pronounced?
- Mom/Dad ___________
- Hungry/Thirsty ___________
- Tired ___________
- Hurt ___________

- SW obtained favorite pacifier, toy, stuffed animal, video for new placement
  - Yes ____ No (If no, attempt to obtain)

- SW obtained picture of parent
  - Yes ____ No (If no, attempt to obtain)