

PROVIDER'S INTERVIEW FORM

(QUESTIONS FOR THE PROVIDER TO ASK THE PROSPECTIVE FAMILY)

NAME: _____

ADDRESS: _____

PHONE #: _____

CHILD'S NAME: _____ M / F AGE: _____

START DATE REQUESTED: _____

DAYS NEEDED: SU M T W TH F SA

HOURS NEEDED: _____

HOW DID YOU HEAR ABOUT THIS DAYCARE? _____

HAS CHILD BEEN IN A PREVIOUS DAYCARE? YES / NO

IF YES, REASON FOR LEAVING _____

DOES CHILD LIVE WITH: MOM / DAD / BOTH

CIRCLE ALL WORDS THAT DESCRIBE YOUR CHILD'S PERSONALITY:

SERIOUS / HAPPY / QUIET / MOODY / POLITE / FOLLOWER / ARTISTIC / INDEPENDENT / PLAYS ALONE
COMPASSIONATE / ENERGETIC / OUTGOING / PATIENT / ENTHUSIASTIC / HONEST / TALKATIVE / EMOTIONAL
LEADER / SHY / ANGER OUTBURSTS / FRIENDLY / ACTIVE / PERFECTIONIST / LOUD / THINKER / AFFECTIONATE
INTENSE / ADVENTUROUS / LAID BACK / EAGER

DESCRIBE A TYPICAL DAY'S SCHEDULE: _____

DOES YOUR CHILD NAP? YES / NO

IF YES, WHAT IS THE TYPICAL NAPTIME: _____

HOW DO YOU GET THEM TO SLEEP? _____

WHAT ARE SOME OF YOUR CHILD'S FAVORITE TOYS? _____

HOW DO YOU DISCIPLINE AT HOME? _____

DO YOU USE A REWARD SYSTEM? _____

IS YOUR CHILD A GOOD EATER? YES / NO ANY KNOWN ALLERGIES? YES / NO

IF YES, WHAT ARE THEY? _____

ANY KNOWN HEALTH PROBLEMS: _____

ANY REASON TO RESTRICT ACTIVITIES: _____

ANYTHING ELSE I SOULD KNOW ABOUT YOUR CHILD: _____
