

Tell us more about Your Infant's Sleep Habits

At Hearts and Hands Montessori, we strongly believe your child will thrive when we work together as a Parent-Teacher team. We understand how important sleep routines are for your child, and how impacting healthy sleep habits are for your child socially, emotionally, physically and cognitively. We also know that what your child does while they are awake does affect how well they sleep. We anticipate both parents sitting and together, best answer the questions below. If you do not feel comfortable answering any of the questions below, please leave blank. We appreciate working with you!

Thank you!

Child's Name: _____

Family Members: _____

1) What sleeping arrangements does your child have (i.e. sleeps with you, sleeps on a "child bed" on the floor, has their own room, sleeps in a crib/youth bed/twin bed/etc.)?

2) What time does your child get into bed for the night?

3) How long after they get into bed do they usually fall asleep?

4) What is your child's bed-time routine?

a. How do they normally go down for the night (i.e. with tears or without, with procrastination, with arguing, with ease, etc.).

b. Please note special bed time feeding if applicable (i.e. breastfeed/bottle/sippy right before bed).

5) How does your child sleep during the night (i.e. do they wake often or sleep through the night, have nightmares, talk in their sleep, move a lot or little, wake easily to sounds, etc.)?

6) How long does your child sleep for a straight stretch normally? (Do they sleep through the night?)

7) What does your child sleep with (i.e. blanket, toy, pacifier, etc.)

8) What personal items would you like considered to go with your child in a crib at school?

9) What time do they usually wake up in the morning?

a. How do they normally wake (i.e. independently, are woken up when it is time to get ready for school, wake in a good mood, takes time to warm up, etc.)?

10) What is their morning routine?

11) Does your child nap at home?

a. Tell us about their nap routine and normal nap schedule (if applicable):

12) Does your child have independent time at home?

a. What does your child often do with his/her independent time?

b. Do they seem to enjoy their time alone?

13) What does your child enjoy doing with siblings? (If applicable.)

14) What hobbies do you like to do as a family?

15) What do you particularly like to do with your child?

Mom:

Dad:

16) What home activities does your child particularly seem to enjoy?

17) Please note any special considerations and concerns you may have about your child sleeping?
