



Your Village Consulting

Potty Training Intake Form

Today's date: _____

Personal Information

Your Name: _____

Home phone #: _____

Cell phone: _____

Email address: _____

Address: _____

City: _____ State: _____ Zip code: _____

Child's Name: _____ Age _____

Date of birth: _____

How many siblings? _____ Ages? _____

Allergies: _____

Special needs or delays: _____

Dietary restrictions: _____

1. Does your child have a limited diet (i.e. picky eater)? _____ Yes _____ No

2. What did your child eat yesterday for:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

3. What beverages does your child prefer at home?

4. Do you offer beverages to your child throughout the whole day, or mostly at meal and snack times? _____

5. What time does your child have their last beverage, and how much of it do they consume?

6. What time does your child go to bed? _____

7. Does your child sleep through the night? _____

8. Does your child take a nap? If so, what time? _____

9. Does your child attend daycare or preschool? _____ Yes _____ No

If yes, how many days a week and what times? _____

10. If your child stays home, who is the primary caretaker during the day and then at night?

11. If you have a nanny or babysitter (s), what are their regular hours?

Communication Skills

12. How does your child communicate (i.e. talks, sign, gestures, etc)?

13. If your child talks, is (s)he understandable to strangers? _____ Yes _____ No

14. Does your child request food, toys, or activities? Please explain: _____

Potty Training History

15. Does your child recognize when she is wet and/or dirty? _____ Yes _____ No

If yes, please describe how your child communicates this:

16. What percentage of the time does your child wear the following:

_____ Diaper _____ Pull ups _____ Underwear

17. Have you started potty training, or tried potty training in the past?

If yes, **please describe** procedures, rewards, punishments, etc :

18. Have you ever tried putting underwear on your child? _____ Yes _____ No

If yes, why did you stop?

How long did you keep your child in the underwear? _____

19. Does your child resist wearing underwear? _____ Yes _____ No

20. Will your child sit on the potty? _____ Yes _____ No

If no, how does your child respond to the suggestion (i.e. run, scream, hide, etc)

21. Has your child ever urinated in the potty? _____ Yes _____ No

If yes, please explain the circumstances:

22. Has your child ever pooped on the potty? _____ Yes _____ No

If yes, please explain the circumstances:

23. Who will primarily be implementing the new potty training procedures?

Potty Training Readiness

24. Urination- please check one:

_____ My child has at least some wetness every 30 minutes.

_____ My child has at least some wetness every hour.

_____ My child has a full diaper every hour.

_____ My child has a full diaper every 2 hours.

_____ My child has a full diaper every 3-4 hours.

Other: _____

25. Bowel Movements- please check one:

_____ My child has two a day.

_____ My child has one a day.

_____ My child has one every two days.

_____ My child's bowel movements are unpredictable

26. Is your child on medication for constipation? Yes No
27. Does your child have bowel movements approximately the same time every day?
 Yes No If yes, approximately what time (s)? _____
28. Please describe your child's bowel movements (i.e. soft, mushy, hard, large amount, small amount etc.) _____
29. Has your child ever had a painful or traumatic experience on the toilet, or when going to the bathroom in their pull-up/diaper? Yes No
30. Can your child walk independently? Yes No
31. Can your child take off his/her pants independently? Yes No
32. Can your child put on his/her pants independently? Yes No
33. Overnight urination- please check one:
 My child is usually wet upon waking.
 My child is usually dry upon waking.
 My child usually goes after waking up.
 My child is unpredictable

Anything else you think might be helpful for us to know?

How did you hear about us? _____

Do you know if you are interested in: written plan only written plan + in-home support I am not sure but would love your recommendation after reviewing my intake form