

Name _____ Age _____

NAPPING

My child:

Naps at home _____ 1x a day _____ 2x a day _____ 3x a day
 _____ in the morning _____ in the afternoon
 _____ in the evening
 naps for _____ (minutes / hours)

Does not nap at home

Naps only as needed (not regularly)

My child usually lays on his/her:

stomach

back

side

*It is best to position infants on their backs when sleeping to reduce the risk of Sudden Infant Death Syndrome (SIDS).

My child naps with:

blanket

toy

nothing

other _____

My child needs to be propped on his/her (side / back / stomach):

with a blanket roll with adaptive equipment _____

other _____ not a concern/does not need to be propped

***Please note: This form is for use of gathering additional information and does not replace any required licensing forms.**