

## Rest Time Parent Questionnaire

You are the best resource to help us get to know your child and his/her resting habits. Thank you in advance for taking the time to complete this form.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Does your child generally take a daily nap? If so, at what time and for how long?  
 Yes, my child naps    Sometimes    No, my child doesn't nap

Starting at: \_\_\_\_\_ Length of nap: \_\_\_\_\_ hours

2. Describe your naptime routine at home (**Check one**)

My child prefers the room be...    **light**    **dark.**

My child prefers...    **soft music**    **no music**

My child falls asleep...    **quickly**    **takes a while** to fall asleep

3. Will your child need to wear a Pull-Up at rest time?    Yes    No  
**(If YES, please provide a one week supply in your child's backpack.  
If NO, please answer the next question.)**

4. All children use the restroom prior to and after resting. For other situations please **check all that apply.**

My child will need to use the restroom **during** rest time.

My child will need to use the restroom **immediately upon waking up.**

My child does **NOT wear a Pull-up**, but **occasional has accidents.**

5. Is your child able to self-soothe and fall asleep on his own or will your child need help? What techniques do you use at home?

self-soothes    needs help by \_\_\_\_\_

6. When your child wakes from nap what is his demeanor?

happy    tearful    disoriented    other (specify) \_\_\_\_\_

7. The naptime routine at GPS requires the children to brush their teeth. Is your child able to brush his teeth independently?    yes    no

8. Is there anything else you would like to share with us about rest time?

\_\_\_\_\_