



### Nap-Time Questionnaire

Please complete this form if your child will be napping from 1-3pm at Nurtury.

Child's Name: \_\_\_\_\_

1. Does your child take a daily nap? If so, at what time and for how long?

Yes, my child naps      Sometimes      No, my child does not nap

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

2. Describe your rest time routine at home

\_\_\_\_\_

3. Is your child able to self-soothe and fall asleep on his own or will your child need help?

Self -Soothe      No Help Needed

Techniques do you use at home?

\_\_\_\_\_

4. Will your child need to wear a Pull-Up/diaper at rest time?    yes    no

5. When your child wakes from rest time what is his demeanor?

Happy     Sad     Alert     Groggy     Other (specify)\_\_\_\_\_

6. Is there anything else you would like to share with us about your child's rest time routine?

\_\_\_\_\_

\_\_\_\_\_