

# CHILD'S SOCIAL RESUME

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

Does your child have a nickname?  Yes  No

If yes, what is it: \_\_\_\_\_

## Family

Names of brothers & sisters

Birthdate

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of others living in the home

Relationship to child

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What language is spoken in your home: \_\_\_\_\_

Does your child have pets?  Yes  No

If yes, what are they \_\_\_\_\_

## Food

Describe your child's appetite: \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

What foods does your child like? \_\_\_\_\_

Does your child feed him/herself?  Yes  No

Does your child have any food sensitivities?  Yes  No

If yes, please identify: \_\_\_\_\_

What time does your child eat: Breakfast \_\_\_\_ Lunch \_\_\_\_ Dinner \_\_\_\_

## Self-Care

Is your child in diapers?  Yes  No Comment: \_\_\_\_\_

Has training begun?  Yes  No Comment: \_\_\_\_\_

Is your child trained?  Yes  No Comment: \_\_\_\_\_

Does child need help?  Yes  No Comment: \_\_\_\_\_

If yes, describe the kind of help he/she needs: \_\_\_\_\_

\_\_\_\_\_

Does your child need any help with dressing?  Yes  No

If yes, please list: \_\_\_\_\_

**Sleep**

Describe your child's sleep routine (include naps & lengths of naps):

\_\_\_\_\_  
\_\_\_\_\_

**Social/Emotional Development**

Does your child separate easily from you?  Yes  No

Please comment: \_\_\_\_\_

Is your child afraid of anything?  Yes  No

Please comment: \_\_\_\_\_

Does your child have a favorite toy, blanket or soother?  Yes  No

Please identify: \_\_\_\_\_

Does your child spend time with other children?  Yes  No

Please comment: \_\_\_\_\_

How does your child show feelings?

Affection: \_\_\_\_\_

Fear: \_\_\_\_\_

Frustration: \_\_\_\_\_

Anger: \_\_\_\_\_

Excitement: \_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_

What activities does your child dislike? \_\_\_\_\_

How do you handle discipline in your home? \_\_\_\_\_

What characteristics in your child's development would you like:

Encouraged? \_\_\_\_\_

Discouraged? \_\_\_\_\_

Please provide any other information relating to your child that would be helpful in understanding and caring for your child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
          D      M      Y

\_\_\_\_\_  
Parent/Guardian signature