



School-Age Social Resume

Child's Name: _____

Does your child have a nickname? Yes No

If yes, what is it: _____

Name of School: _____

Address: _____ Phone: _____

School hours: _____

How will you child get to and from school: _____

Is a transportation company involved? (taxi, bus service) Yes No

If yes, name of company: _____ Phone: _____

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 have any food sensitivities? Yes No

If yes, please identify: _____

What time does your child eat: Breakfast ____ Lunch ____ Supper ____

Will your child be taking a lunch to school? Yes No

If no, when will child arrive at the child care & what time will they need to be back at their school? _____

Self-Care

Does your child need any help with dressing? Yes No

If yes, please list: _____

Does your child need any help with toileting? Yes No

If yes, please identify: _____

Sleep

Describe your child's sleep routine:

Social/Emotional Development

How does your child show feelings?

Affection: _____

Fear: _____

Frustration: _____

Anger: _____

Excitement: _____

Does your child make new friends easily? _____

What activities does your child enjoy? _____

What activities does your child dislike? _____

Is your Child involved in any extracurricular activities? Yes No

If yes, list: _____

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