



# Toddler Social Resume

## Child Information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nicknames: (other than name) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Language(s) Spoken: \_\_\_\_\_

## Family Information:

Please list family members living in your home:

Relation to Child:

| Please list family members living in your home: | Relation to Child: |
|---|--------------------|
| _____   | _____              |
| _____   | _____              |
| _____   | _____              |
| _____   | _____              |

## Food

Describe your child's appetite:  Eats anything  Eats a little of this & that  Picky  
Comments: \_\_\_\_\_

Does your child feed themselves?  Yes  No  
Comments: \_\_\_\_\_

Does your child use a sippy cup?  Yes  No (Regular Cup?  Yes  Not yet)  
Comments: \_\_\_\_\_

## Self-Care

Is your child in diapers or pull-ups?  Yes  No Comments: \_\_\_\_\_

Has toilet training begun?  Yes  No Comments: \_\_\_\_\_

Is your child toilet trained?  Yes  No Comments: \_\_\_\_\_

Do they need help with toileting?  Yes  No Comments: \_\_\_\_\_

Do they need help with dressing?  Yes  No Comments: \_\_\_\_\_

## Sleeping Schedules:

My child sleeps from \_\_\_\_\_pm to \_\_\_\_\_am Comments: \_\_\_\_\_

Does your child take naps  Yes  No Comments: \_\_\_\_\_

What time are naps and for how long? \_\_\_\_\_

## Understanding your Child:

Does your child have a favorite soother (toy, blanket, etc.):  Yes  No Comments: \_\_\_\_\_

Does your child separate from you easily?  Yes  No Comments: \_\_\_\_\_

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

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

How do you discipline at home? \_\_\_\_\_

Does your child have any individualized needs from our program?  Yes  No

Any other information regarding your child / family / traditions that would be helpful for us?

\_\_\_\_\_