



School Age Social Resume

Child Information:

First Name: _____ Middle Name: _____ Last Name: _____

Nicknames: (other than name) _____ Date of Birth: _____

Cultural Background: _____ Language(s) Spoken: _____

School your child attends: _____ Grade: _____

Teacher's Name: _____ Comments: _____

Family Information:

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

Allergies or Special Diet: _____

Self-Care

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: _____

What is your child's bedtime routine? _____

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: _____

Is your child involved in any additional activities: Yes No Comments: _____

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?

