

# INFANT SOCIAL RESUME

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

## Food

Is your child breast-fed?  Yes  No

If yes:

Do you plan to continue breast feeding?  Yes  No

What is your child's feeding schedule? \_\_\_\_\_

Do you supplement? \_\_\_\_\_

Is your child bottle fed?  Yes  No

If yes: What is your child's bottle feeding schedule?

Liquids	Type	Amount	Times
Formula			
Milk			
Water			

What position does your child like to be in while bottle feeding?

\_\_\_\_\_

What position does your child like to be in while being burped? \_\_\_\_\_

\_\_\_\_\_

Has your child been introduced to solids?  Yes  No

If yes, what type?  baby food  table food

What is your child's feeding schedule?

Solids	Type	Amount	Times
Cereal			
Vegetable			
Vegetable			
Fruit			
Fruit			
Meat			

Does your child have any food sensitivities?  Yes  No

If yes. Please identify: \_\_\_\_\_

Is your child under medical care for this allergy?  Yes  No

If yes, please submit an individualized care plan.

Do you give consent for The Children's Village to post information about your child's food allergy?  Yes  No

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

### **Sleep**

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

\_\_\_\_\_

Does your child usually cry when going to sleep?  Yes  No

If yes, how long? \_\_\_\_\_

Where does your child normally sleep? \_\_\_\_\_

### **Diapering**

What type of diapers does your child use? \_\_\_\_\_

Describe your child's diapering routine (include double diapering, liners, creams, powders etc.) \_\_\_\_\_

\_\_\_\_\_

Is your child prone to diaper rash?  Yes  No

Treatment: \_\_\_\_\_

### **Social/Emotional Development**

Describe your child's temperament: (i.e. colic, likes to cuddle) \_\_\_\_\_

\_\_\_\_\_

What signs does your child give of being hungry, tired or over stimulated? (i.e. pulls at ears, rub eyes) \_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_  
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\_\_\_\_\_  
Parent/Guardian signature