

PRE - K SOCIAL RESUME

Child's Name: _____

People whom your child behaves well around _____

People whom your child has behavior problems around _____

Food

Describe your child's appetite: _____

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

Self-Care

Does your child need any help with dressing? Yes No

If yes, please list: _____

Sleep

Describe your child's sleep routine (lengths of naps, bedtime and waking time):

Describe any sleep problems or disorders that your child may have

Is bedtime at home a smooth or difficult transition? If difficult, please briefly explain.

Social/Emotional Development

Does your child separate easily from you? Yes No

Please comment: _____

What toys/activities does your child enjoy? _____

What toys/activities does your child dislike? _____

How do you handle discipline in your home? _____

What are you able to contribute to your child's education? (talents, interests, classroom volunteer...etc)

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

Date: __/__/__

D M Y

Parent/Guardian signature