

PRESCHOOL 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

Is your child trained? Yes No Comment: _____

Does child need help? Yes No Comment: _____

Does your child need any help with dressing? Yes No

If yes, please list: _____

Sleep

Describe your child's sleep routine (include 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: _____

Is your child afraid of anything? Yes No

Please comment: _____

Does your child have a favorite toy, blanket or soother? Yes No

Please identify: _____

Does your child spend time with other children? Yes No

Please comment: _____

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