

TODDLER SOCIAL RESUME

Child's Name: _____

Family

Does your child have pets? If so, what are they? _____

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 in diapers? Yes No Comment: _____

Has training begun? Yes No Comment: _____

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 naps & lengths of naps):

Social/Emotional Development

Does your child separate easily from you? Yes No

Please comment: _____

How do you handle discipline in your home? _____

What characteristics in your child's development would you like:

Encouraged? _____

Discouraged? _____

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 and caring for your child: _____

Date: __/__/__

D M Y

Parent/Guardian signature