



Toddler/Preschool Social Resume

Please fill out completely and legibly.

CHILD'S INFORMATION

Name _____
(First Name) (Middle Name) (Last Name)
Date of Birth ____ - ____ - ____ Age _____ Sex M F
Does your child have a nickname? Yes No *If yes, what is it?* _____

FAMILY INFORMATION

Names of others living in the home	Birth date(s)/Age(s)	Relation to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOOD

Describe your child's appetite. Picky A little of this, a little of that Eats anything!
Comments: _____
Does your child feed him/herself? Yes No
Does your child have any food sensitivities or allergies? Yes No
If yes, please identify: _____
What problems may arise from eating or coming in contact with that food? _____

SELF-CARE

Is your child in diapers or pull-ups? Yes No *Comment:* _____
Has training begun? Yes No *Comment:* _____
Is your child toilet trained? Yes No *Comment:* _____
Does s/he need help with toileting? Yes No *Comment:* _____
Does s/he need help with dressing? Yes No
If yes, please list items. _____

SLEEPING/NAPPING

What time does your child go to bed? _____ Wake up? _____

What is your child's bedtime routine? _____

Does your child take naps or have a quiet time? Yes No

If yes, at what time(s) and how long? _____

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 comment: _____

Does your child spend time with other children? Yes No

Please comment: _____

How does your child show the following feelings?

Affection: _____ Fear: _____

Frustration: _____ Anger: _____

Excitement: _____

What activities does your child enjoy? _____

What activities does your child dislike? _____

How do you handle discipline at home? _____

What characteristics in your child's development would you like to encourage? _____

Discourage? _____

OTHER INFORMATION

Please provide any other information relating to your child that would be helpful in understanding and caring for your child. _____

PARENT SIGNATURES

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____