



School Age 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCHOOL INFORMATION

School your child attends _____

Teacher's Name _____ Phone Number _____

FOOD

Describe your child's appetite. Picky A little of this, a little of that Eats anything!

Comments: _____

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

Does your child need help with dressing? Yes No

If yes, explain. _____

Does your child need help with toileting? Yes No

If yes, explain. _____

SLEEP HABITS

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

What is your child's bedtime routine? _____

SOCIAL/EMOTIONAL DEVELOPMENT

Is your child involved in and extracurricular activities? Yes No

If yes, please list. _____

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 _____