

PRE-SCHOOL HEALTH AND SOCIAL RESUME

Child's Name: _____

Does your child have a nickname? Yes No. If yes, what is it? _____

Family:

Names of brothers and sisters, (include nicknames)	Birth dates	Does this sibling live in the same home as this child?

Names of others living in the home	Relationship to child

Does your child have any pets? Yes No. If yes, what are they? _____

Food:

Describe your child's appetite: _____

What food does your child dislike: _____

What food does your child like: _____

What foods do you not permit your child to eat? _____

Does your child feed him/herself? Yes No. If help is needed, what kind of help?

What time does your child usually eat:

Breakfast: _____ Lunch: _____ Snacks: _____ Supper: _____

Self Care:

Please comment about bathroom routines or training procedures:

Is your child in diapers? Yes No

Has training begun? Yes No

Is your child completely trained? Yes No

Does your child need help with bath rooming? Yes No

Does your child need any help with dressing? Yes No. If yes, what kind of help?

Does your child nap? Yes No. If yes, what are his/her naptime routines?

Do you, or does your child, have any concerns relating to nap time? Yes No. Please describe:

Social/Emotional Development:

Does your child separate easily from you? Yes No.

Please comment: _____

Is your child shy? Yes No Sometimes

With whom? _____ When? _____

Is your child afraid of anything? Yes No

Please describe:

How does your child show feelings of:

Affection _____

Fear _____

Anger _____

Frustration _____

Excitement _____

Does your child have a favorite toy, blanket, bottle or soother? Yes No. Please identify:

Has your child experienced play with other children? Yes No. Please describe

Does your child have any imaginary playmates? Yes No. If yes, please comment:

What activities does your child like? _____

What activities does your child dislike? _____

How do you handle discipline in your home? _____

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

Encouraged? _____

Discouraged? _____

Provide any further information relating to your child that would be helpful in understanding and caring for your child.

Date: ____/____/____

Year/Month/Day

Parent/Guardian Signature _____

COPY TO BE PLACED IN CHILD'S FILE
