

# School-Age Social Resume

Child's name: \_\_\_\_\_

Does your child have a nickname?  Yes  No If Yes, what is it? \_\_\_\_\_

Name of school: \_\_\_\_\_

School address: \_\_\_\_\_ Phone number: \_\_\_\_\_

How will your child get to and from school? \_\_\_\_\_

Is a transportation company involved? (taxi, bus service)  Yes  No

If Yes, name of company: \_\_\_\_\_ Phone number: \_\_\_\_\_

## 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
_____	_____
_____	_____
_____	_____

What languages are spoken in your home? \_\_\_\_\_

Does your child have any pets?  Yes  No If Yes, what are they? \_\_\_\_\_

## Food

Describe your child's appetite: \_\_\_\_\_

\_\_\_\_\_

What foods do you not permit your child to eat? \_\_\_\_\_

What time does your child usually eat: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Snack \_\_\_\_\_ Supper \_\_\_\_\_

Provide any further information relating to your child with regard to food or eating: \_\_\_\_\_

## Self-Care

Does your child need any help with dressing?  Yes  No If Yes, identify areas of difficulty: \_\_\_\_\_

\_\_\_\_\_

Does your child need any help with toileting?  Yes  No If Yes, identify areas where assistance is required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Social/Emotional Development

How does your child show feelings of:

Affection \_\_\_\_\_  
Worry \_\_\_\_\_  
Fear \_\_\_\_\_  
Anger \_\_\_\_\_  
Frustration \_\_\_\_\_  
Excitement \_\_\_\_\_

Is your child shy?  Yes  No  Sometimes

With whom? \_\_\_\_\_

When? \_\_\_\_\_

Does your child enjoy:

	Often	Sometimes	Never
Playing by himself?	_____	_____	_____
Playing with younger children?	_____	_____	_____
Playing with own-age children?	_____	_____	_____
Playing with older children?	_____	_____	_____
Being with adults?	_____	_____	_____

Does your child make new friends easily?  Yes  No Please comment: \_\_\_\_\_

Does your child have any imaginary playmates?  Yes  No If Yes, please describe: \_\_\_\_\_

What activities does your child like? \_\_\_\_\_

What activities does your child dislike? \_\_\_\_\_

Is your child enrolled in any extracurricular activities?  Yes  No Please list: \_\_\_\_\_

How do you handle discipline in your home? \_\_\_\_\_

What characteristics 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Personal health information may be disclosed by the facility to the Ministry of Education in the course of reviewing the facility's record keeping obligations.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month Day

\_\_\_\_\_  
Parent/Guardian signature