

ABOUT THIS CHILD

Name:

Age:

Nicknames:

DOB:

Sex:

Pronouns:

Gender Identity:

Orientation:

Current School/Daycare:

Years attending:

Significant Adults:

Current Primary Attachment Figure:

Friends/Peers:

Respite Provider/Babysitter

IMPORTANT ADULTS

Mother:

Phone #:

Okay to contact?

Mother's Current Family Time Plan

Father:

Phone #:

Okay to contact?

Father's Current Family Time Plan

Giving Caregiver:

Phone #:

Okay to contact?

Receiving Caregiver:

Phone #

Okay to contact?

Other Caregivers:

Phone #

Okay to contact?

HEALTH/WELLBEING

Medical Issues:

Current Dr:

Allergies (food/medicine/detergents)

Dental Issues

Current Dentist:

Mental Health Issues

MH Provider:

Glasses/Contacts?

IEP/504?

Current Teacher

BEHAVIORAL

Potty trained?

Common discipline/corrective strategies:

Soothing strategies?

Comfort Item?

Name:

Rewards for good behaviors?

Screen time rules:

BATHROOM

Baths or Showers?

Bath toys?

Soap

Shampoo

Conditioner/Detangler

Haircare items

Toothbrush

Toothpaste

Toilet paper/wipes?

Deodorant?

Feminine Products (brand and type)

KID PREFERENCES

FOODS

Likes

Dislikes

Breakfast

Lunch

Dinner

Snacks

Sweets

Other

Drinks

CLOTHES

Favorite items/Style

Detergent used?

Fabric Softener?

INTERESTS

Favorite toys

Movies/shows

Books/stories

Songs/music

Sports/activities

Things (legos, dinosaurs, princesses, etc)

Pictures/Keepsakes/Mementos

Anything else: