**ABOUT THIS CHILD**

**PERSONAL INFORMATION**

Name:

Age:

Nickname:

DOB:

Sex:

Pronouns:

Gender Identity:

Sexual Orientation:

**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?

Respite Provider/Babysitter:

Significant Adults:

Current Primary Attachment Figure:

**SCHOOL CHILDCARE**

Current School/Daycare:

Years attending:

Friends/Peers:

Sports/activities/clubs:

**CULTURE**

Culture:

Religion:

Church:

Behavior/Practices (praying before bed, etc.):

**HEALTH/WELLBEING**

Medical Issues:

Current Doctor:

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? Description/Name:

Rewards for good behaviors (if/applicable):

Screen time rules:

**BATHROOM**

Baths or Showers?

Bath toys?

Soap:

Shampoo:

Conditioner/Detangler:

Haircare items:

Toothbrush:

Toothpaste:

Toilet paper/wipes:

Other (Deodorant, etc.):

Feminine Products (brand and type):

**FOOD** (Likes & Dislikes)

Breakfast:

Lunch:

Dinner:

Snacks:

Sweets:

Drinks:

Other (Allergies, dislikes, etc.):

**BEDDING**

Bedtime Routine:

Blankets/Pillows:

Pajamas:

Night Light:

Other (music, fan, etc.):

**CLOTHES**

Favorite items/Style:

Detergent used:

Fabric Softener:

**INTERESTS**

Favorite toys:

Movies/shows:

Books/stories:

Songs/music:

Things (Legos, dinosaurs, princesses, etc.):

Pictures/Keepsakes/Mementos:

Anything else: (Technology/Phone/Tablet/Computer/Passwords, etc.):