



Toddler/Preschool 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
_____	_____
_____	_____
_____	_____

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 does your child dislike? \_\_\_\_\_  
\_\_\_\_\_

What foods 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 \_\_\_\_\_ Snack \_\_\_\_\_ 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?  Yes  No \_\_\_\_\_

Do you use any special words pertaining to toileting?  Yes  No If Yes, please list: \_\_\_\_\_

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 current nap time 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 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 to the Ministry of Education in the course of reviewing the facility's record keeping obligations.**

Date        /        /         
Year Month Day

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