



About My Child

Instructions:

This tool has been adapted for use as part of the information shared during the Parent to Parent Meeting (P2P). This tool is designed to help you and the Partnership Parents caring for your child share important information about your child's growth and development.

Information to be completed by the parent / guardian.

Fill in identifying information.

My Child (Child's First Name) -Please also list name that the child wishes to be called.

Child's Name

Birth Date

Parent/Guardian

Home Phone (or Cell Phone)

Work Phone

Address

City

ZIP Code

The information contained is considered CONFIDENTIAL.

Things my child does well:

My child is really good at:

What my child's favorite things:

My child's favorite toy is:

My child's favorite food is:

My child likes to play:



My child's favorite people are:

My child's favorite book is:

My child's feelings:

My child is afraid of:

My child feels sad when:

My child feels anxious when:

My child is happiest when:

Things I am working on with my child:

I am helping my child learn:

My child will ask for help with:

My child enjoys these physical activities:

My child's favorite outside activities are:

My child has difficulty with these activities:

My child gets frustrated when he/she can't:

My child struggles with:

My child is still learning to:

My Child's bedtime routine:



At bedtime, my child likes to:

My child's favorite bedtime story, song or prayer is:

My child has a comfort object (blankie, binky, doll or stuffed toy):

I comfort my child by:

My child will need the following equipment and/or routines:

(Does your child need eye glasses, a wheelchair, braces, crutches or other walking aids, a hearing aid, a helmet, a communication board, a nebulizer, special feeding utensils, and/or other adaptive devices? Does your child require any procedures or treatments?)

Additional things that my child might need help with:

(Does your child need individual help or attention during certain activities? Does your child need help with tying shoes, help with cutting food, or encouragement to participate in group activities or to sit still, reinforcement of a behavior management program, or intermittent catheterization? How do you comfort your child?)

Other things I would like you to know about my child:



Is your child allergic to any foods or have dietary restrictions? (Please be specific and list reactions)

Are there any behaviors that your child may exhibit: (unsafe play, bed wetting, tantrums etc.)

Hair Care- My child likes to wear their hair like this:

Is there any other information that you can share that might help make your child more comfortable while he/she is in care?

Discuss the Eco- Map this will help is identify other family or extended family members that your child might miss or talk or be concerned about:

Please see the attached Eco-Map

The information shared is the beginning of ongoing communication between you, the child's parent or guardian, and the Partnership Parents.

This and other child specific information shared during the Parent to Parent Meeting (P2P) will be helpful as the partnership relationship is established.