YOUNG LEADERS ACADEMY

3809 BARDSTOWN RD, LOUISVILLE KY 40218 (502) 632-1070 (502) 319-0335

Louisvilleyoungleaders@gmail.com

CHILD'S SOCIAL RESUME

Child's Name:
Does your child have a nickname? Yes No If yes, what is it: Birthdate
<u>Family</u>
Names of Siblings
Does your child have pets? ☐ Yes ☐ No If yes, what are they
Describe your child's appetite: What foods does your child dislike? What foods does your child like?
Does your child feed him/herself? ☐ Yes ☐ No
Does your child have any food sensitivities? ☐ Yes ☐ No If yes, please identify: What time does your child eat: BreakfastLunchDinner Self-Care
Is your child in diapers? ☐ Yes ☐ No Comment:
Has training begun? ☐ Yes ☐ No
Is your child trained? □ Yes □ No
Does child need help? ☐ Yes ☐ No If yes, describe the kind of help he/she needs:
Does your child need any help with dressing? ☐ Yes ☐ No If yes, please list:
Sleep Describe your child's sleep routine (include naps & lengths of naps):
Social/Emotional Development
Does your child separate easily from you? ☐ Yes ☐ No Please comment:

Is your child afraid of anything? \square Yes	□ No	
Please comment:		
Does your child have a favorite toy, blanket or soother? \square Yes \square No Please identify:		
Does your child spend time with other children	ı? □ Yes □ No	
Please comment:		
How does your child show feelings? Affection		
Fear:Frustration:		
Anger: Excitement:		
What activities does your child enjoy?		
What activities does your child dislike?		
How do you handle discipline in your home?_		
What characteristics in your child's development	,	
Encouraged?		
Discouraged?		
Please provide any other information relating understanding and caring for your child:	1	
Date:/		
D M Y Parent/Guardian signature		