

TRANSITIONAL PLACEMENT INFORMATION
Children 0 – 5 years

Date _____

Child's Name _____

DOB _____

Nickname or Pet Names _____

DAILY SCHEDULE

Awakens _____

bath or shower _____

Breakfast _____

pre-school or daycare _____

Lunch _____

returns home _____

Dinner _____

bedtime _____

Naps _____

EATING

Milk or Formula Type (whole, 2%, brand of formula) _____

Vitamins? _____

Type & Dosage _____

How Given? _____

Food Preferences _____

Food Dislikes _____

Food Allergies _____

Describe mealtime customs in your family _____

Does child eat out in restaurants with your family? _____

Does child have any notable behaviors around food? Explain _____

Does child make good choices when allowed to order by him/herself? Explain if necessary _____

How are child's table manners at home? _____

Type of eater (fussy, normal, over eats, etc.) _____

Sample menu with suggested amounts:

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Do you serve child or may he/she help himself? _____

Foods to be avoided and why _____

Other information _____

SLEEPING

Type of bed (crib, toddler, bunk, etc.) _____

Night-light used? _____ Circle one: Heavy Light Restless sleeper

Circle one: child rooms Alone With Others Ages _____

Does noise bother child? _____ Pull-ups or diapers used? _____

What does child wear to sleep (sleeper, pajamas, nightgown) _____

Preparation for sleep (reading, music, prayers, etc.) _____

Articles taken to bed (stuffed animals, special blanket, etc.) _____

Does child wake at night? _____ Have nightmares? _____

Wander around the house? _____ Please explain if necessary _____

What is helpful in comforting the child and returning him or her to bed? _____

Child's reactions to waking in the morning _____

How is child awakened? (self, parent wakes, alarm, etc.) _____

Other information about sleeping habits/needs _____

FEARS AND ANGER

Does child have any specific fears? (E.g. strangers, animals, darkness) Please explain _____

How do you comfort child? _____

When and how does child show anger? _____

What is your response to child's anger? _____

How does child handle changes or new situations? _____

Other information _____

TOILET HABITS

Is there a tendency toward diarrhea? _____ Constipation? _____

How treated? _____

Does child have problems with bedwetting? _____

Wetting during the day? _____

Messing pants at night? _____ During the day? _____

How have you dealt with wetting or messing? _____

Other information _____

CLOTHING

Sizes (please specify infants, toddlers or child's)

Shirts _____ Blouses _____ Pants _____ Jeans _____

Dresses _____ Jackets _____ Pajamas _____ Sleepers _____

Shoes or Sneakers _____ Diapers or Pull-ups _____ Panties _____

Undershorts _____ Tee shirts _____ Other? _____

Can child make appropriate clothing selections without assistance? _____

Does child have special clothing preferences? _____

How do you deal with this? _____

HEALTH

Describe child's general health _____

What is child's relation to doctors, dentists and other medical personnel? _____

Names of doctors, dentists, nurse practitioners, therapists, clinics, etc. involved with child while in your care.

<u>Name</u>	<u>Title</u>	<u>City and State</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of last medical checkup? _____ Dental exam? _____
(month/year) (month/year)

List all illnesses, allergies, surgeries, handicaps or persistent health problems child has had while in your care.

<u>Date</u>	<u>Illness or Injury</u>
_____	_____
_____	_____
_____	_____
_____	_____

What are your family customs when a child is ill? (must stay in bed, must stay indoors, can watch TV, read, etc.)

Immunizations:

DPT 1st _____ 2nd _____ 3rd _____ booster _____

Polio _____ TB skin test _____

Hard measles _____ Three Day measles _____ Smallpox _____

Other _____

Other information (include current medications and dosage) _____

HYGIENE

Does child prefer a bath or shower? _____ How often? _____

Are special soaps, shampoos, cream rinses, bubble baths used? _____

Which ones? _____

Can child adequately bathe self? _____ Shampoo self? _____ Brush teeth? _____

Other information _____

PHYSICAL DEVELOPMENT

Overall, is child's development _____ on target _____ delayed?

Please describe child's current level of physical ability _____

At what age did child achieve developmental milestones?

Smiled _____ Rolled over _____ Crawled _____
 Sat up _____ Stand on own _____ Climbed _____
 Walked _____ Eat solid foods _____ Hold own cup _____
 Run _____ Use spoon/fork _____ Jump _____
 Throw _____ Catch _____ First words _____
 Parallel play _____ Cooperative play _____ Use sentences _____
 Ride trike _____ Bike w/training wheels _____ W/out training wheels _____

Please describe child's development and any concerns you may have _____

Does child require any special equipment? _____

SOCIAL DEVELOPMENT AND ADJUSTMENT

Does child know where babies come from? _____

Is sex education provided in your family? _____ How? (E.g. talks, books, etc.) _____

What are your rules about modesty, nudity, and appropriate dress? Does child comply? _____

Has child been sexually abused? _____ Had treatment? _____

Does child behave in a sexual manner with adults? _____ With children? _____

If yes, how have you dealt this? _____

Does child act older, younger or his/her age compared with other children? _____

Does child play well with other children? _____ Older children? _____

Younger children? _____ One on one? _____ Groups? _____

What activities does child especially enjoy? _____

What activities are best avoided and why? _____

What are child's favorite games and toys? _____

What, if any, chores is child used to doing? _____

Does child receive an allowance? _____ Amount _____

What are child's special talents or abilities? (E.g. artistic, musical, athletic, etc.) _____

What activities is child involved in? (E.g. church, sports, clubs, etc.) _____

RELIGION

Does child have a religious preference? _____

Does child attend religious services? _____ With adults or in nursery? _____

Describe child's involvement in religious practice at church and at home _____

SCHOOL

Does child currently attend day care, preschool, kindergarten? _____

Name/Address of facility _____

How does child get along with teachers? _____

Does child enjoy school? _____

Does child receive extra services at school? _____ Why? (E.g. emotional, academic, behavior problems) _____

Is child on an Individual Education Plan (I.E.P.)? _____ Last review date _____

Is child performing at age level? _____ What are child's favorite activities at school? _____

Least favorite _____

How does child get to/from school? _____

AWAY FROM HOME

Does child enjoy car travel? _____ What kind of restraints are used? _____

What is child's reaction? _____

Has child stayed overnight away from your home? _____ With whom? _____

How did child react? _____

Are there any places or situations to be avoided? _____ Why? _____

Other information (E.g. steals, grabs things off shelves at stores, enjoys petting animals, etc.) _____

SOCIAL HISTORY

How long has child lived in your care? _____ Did child have previous caretakers? _____

If yes, what was their relationship with child? (E.g. grandparents, other relatives, foster, etc.) _____

Do they have a continuing relationship? _____ Describe _____

Does child have siblings? _____ Do they reside with child in your care? _____

Siblings names/ages: _____

If not, does child have a relationship with them? _____ Describe _____

If yes, describe child's relationships with them _____

Will siblings be moving with child? _____

Why/why not? _____

Does child have contact with birth parents? _____ If yes, when and where? _____

Who transports the child? _____

Is contact supervised? _____

Does child have other significant emotional connections outside your family? If yes, describe ____

Please describe child's relationship with members of your family and "special" times shared
(E.g. father reads bedtime stories, older sister fixes hair, etc.)

Mother _____

Father _____

Foster siblings _____

Extended family _____

Other information _____

EMOTIONAL/BEHAVIORAL DEVELOPMENT

Beside each item below please indicate the degree to which it occurs.

Not at all	Just a little	Pretty much	Very much	NA
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Respectful _____

Can make/keep friends _____

Controls excitement _____

Cooperate w/others ideas _____

Shows ability to learn _____

Adapts to new situations _____

Comfortable in new places _____
 Tells the truth _____
 Shows honesty _____
 Obeys adults _____
 Handles stress well _____
 Finishes tasks started _____
 Considerate to others _____
 Mature for age _____
 Maintains attention _____
 Reacts w/proper moods _____
 Follows basic rules _____
 Settles disagreements _____
 Copes w/frustrations _____
 Respects others rights _____
 Basically is happy _____
 Shows good appetite _____
 Feels part of the family _____
 Stands up for self _____
 Can wait for attention _____
 Can wait for rewards _____
 Tolerates criticism well _____
 Shares adult attention _____
 Is accepted by peers _____
 Shows leadership _____
 Shows sense of fairness _____
 Copes w/distractions _____
 Accepts deserved blame _____
 Cooperates w/adults _____
 Accepts praise well _____
 Thinks before acting _____
 Is kind to animals _____
 Attends to multiple tasks _____
 Problem solves _____

INFORMATION FOR NEW FAMILY

What have you enjoyed most about this child? _____

What have you found most challenging about this child? _____
