

# Child's Routines and Interests

**When children move to a new placement, their behaviors can be expected to regress, and needs increase due to the stress of this change. Additionally, we recognize that everyone involved has important relationships that should be nurtured and maintained during and after transitions. This form may have information that you are already aware of but to ensure all communication is seamless we want to ensure you have any and all information that may be helpful for this transition.**

Child Name:

Date:

## Daily Routines

<u>Schedule/ Time</u>	<u>Notes/Tips</u>
Awakes:	
Breakfast:	
School/daycare:	
Lunch:	
Snacks:	
Nap:	
Homework:	
Dinner:	
Bath/Shower:	
Bedtime:	
Weekend Routine:	

## Interests

Preferred toys, games, activities:	
Movie/ TV shows:	
Books:	
Other:	

## Hygiene, Toileting, Clothing and Dressing

Shower/bath routine/assistance	
Types of shampoo, lotion, soap used. Please include brand name	
Toileting information or difficulties	
Brand name of diapers/pull ups	
Current clothing and shoe sizes	
Preference or dislikes related to cloths	

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Special needs regarding dressing or selecting cloths	
Detergent you use. Please include brand name	

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## Sleeping

Nap/ bedtime routines (ie. reading, stuffed animals, hug, night light, door open/closed, wind down time before)	
Any difficulties (ie. nightmares, fears, medication needs, accidents during the night)	

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## Life Book

Does the child have a life book	
Important items or memorabilia	