DSS-893
1/87

Commonwealth of Kentucky
Cabinet for Human Resources
Department for Social Services

DAILY ROUTINE FOR A SCHOOL-AGE CHILD

Child's Name: _____
Child's Age: _____
Date Form Completed: _____

SLEEP

What time does he get up in the morning? _____

Does he wet or soil bed? If so, how handled? _____

_____

What time does he go to bed? _____ What does he take to bed? _____

Does he have light on in room or hall? _____ Does he go to bed readily? _____

Does someone stay with him until he's asleep? _____ Does he sleep well or lightly? _____

Does he awaken during night? If so, how handled? _____

_____

Does he have nightmares? If yes, Explain. _____

_____

Is he taken to the bathroom during the night? When? _____

EATING

Does he eat quickly or slowly? _____

What foods does he like best? _____

What foods does he not like? _____

Does he have any food allergies? _____

Does he ask for food between meals? Is it given to him? _____

Does he eat anything before going to bed? _____

Is he a picky or good eater? _____

HEALTH

Does he pick up colds easily? _____

Does he get fevers easily? Headaches? Earaches? Tummyaches? Nausea? Other? _____

_____

Has he had any communicable diseases? If so, which ones? _____

Does he have any allergies? _____

Will he accept staying in bed when sick? _____

PLAY

With whom does child play?_____

Does he play alone well?_____

Can he amuse himself? With what?_____

Does he play well with toys?_____ Is he able to share toys and belongings?_____

Does he make believe?_____ Does he like to draw?_____

Does he like to read books?_____

What kind of toys does he like best?_____

Is he destructive in his play?_____

How long will he concentrate on one object?_____

Is his play meaningful?_____ Does he want someone to play with him?_____

If so, child or adult?_____

Does he play outside?_____ Does he prefer house or outside?_____

SOCIALIZATION

Is he friendly with strangers?_____ Adults or children or both?_____

Does he initiate conversation?_____

Is he affectionate? Describe._____

Does he have a nickname?_____

What are the names of the people he is familiar with? What are their relationship to him? (e.g., siblings, friends, etc.?)_____

_____

What does he call foster parents?_____

Does he get along with siblings?_____

EMOTIONAL

Is he usually happy, sad, dull, vacant expression?_____

Does he laugh much? When?_____

Does he cry much? When?_____

Does he get overexcited? When? How handled?_____

Is he easily frightened?_____

How does he show tiredness?_____

Does he tire easily?_____

Is he easily frustrated? Over what? How handled?_____

Does he have annoying habits? What?_____

_____

Does he show anger? Temper tantrums? Over what? How handled?_____

_____

Does he show signs of tension, nervousness? How shown? When? How handled?_____

_____

Does he rock, stare, hold breath, bite fingernails or toenails, suck fingers or thumb, tics, bang head, scream, throw or tear things, escape into sleep, overeat, refuse to eat, grit teeth?_____

_____

Is he given sedation? If yes, what?_____

When upset, who does he go to? How handled?_____

Does he whine?_____ Sulk?_____ Irritate?_____ When?_____ How handled?_____

_____

How does he show jealousy?_____

_____

DISCIPLINE

How often does he require discipline?_____

What methods of discipline are used?_____

_____

How does he react to it?_____

When is it needed?_____

How long does it take him to get over it?_____

Who administers the discipline?_____

GENERAL

Does he mind wearing his glasses?_____ Can he manage without them?_____

Can he ride a bicycle?_____ Does he enjoy shopping?_____

Does he require constant attention?_____

What is his daily schedule and routine?_____

_____

_____

_____

Can he wait to have his needs met or do you have to satisfy him immediately?_____

Is he afraid of doctors or hospitals? Explain._____

_____

Does he obey commands?_____ Does he have any pets?_____

Is he afraid of animals or does he abuse them?_____

Any additional comments?_____

_____

_____

What are child's interests?_____

_____

_____

SEXUALITY

What type of sex education has he received?_____

What is his knowledge of sexual matters?_____

Has he shown signs of having been sexually abused? In what ways?_____

_____

Does he exhibit any unusual sexual habits?_____

What?_____

Does he masturbate?_____ When?_____ Where?_____
How handled?_____

_____

Is he sexually active?_____

What is his knowledge of birth control?_____

Has he used any?_____

Are there any concerns about child's sexual identity? (Homosexual)_____

_____

If female has she started her period?_____ How does it affect her? (i.e., cramps, irritable, etc)_____

Does she know how to take care of herself? Explain._____

_____