Summit County
CHILDREN SERVICES
Building Families . . . Building Futures

All About Me!

ALL ABOUT ME

Me by _____.
(Child's name)

Today is _____ and I am _____years old.

I am _____tall, and I weigh _____.

I like to be called: _____.

Favorite color: _____ Favorite food: _____

Favorite activity: _____

Bed time: _____

Special Friend: _____ Favorite Music: _____

Things that bug me: _____

MY FAMILY

Mother's name: _____ Phone #: _____

Father's name: _____ Phone #: _____

Other household member(s): _____

_____

BROTHERS & SISTERS:

_____ _____
(Name, age, where residing) (Name, age, where residing)

_____ _____
(Name, age, where residing) (Name, age, where residing)

_____ _____
(Name, age, where residing) (Name, age, where residing)

Pet: _____

OTHER EXTENDED FAMILY AND FRIENDS:

MGP: _____ PGP:_____

Aunts/Uncles: _____

Others: _____

THINGS TO REMEMBER ABOUT ME!

Medications: _____

Doctor Appt: _____
(with whom) Date Time

Dental Appt: _____
(with whom) Date Time

Counseling Appt: _____
(with whom) Date Time

Other: _____

Health Problems: _____

Allergies: _____

Clothing Sizes: _____

School & Grade:_____

Activities/Contact Person: _____

My next scheduled family visit is: _____
Date Time

At: _____

Why I am here _____

_____

_____

_____

WHERE I'VE LIVED

From ________________ to ______________ I lived with ____________________________________
(Name of caregiver)
at ____
(Address and phone number optional)
Why I am here: ____
____
I lived there until ____
(Reason for move)
My worker at the time was ______________________________. Phone # ______________________
The supervisor was ____________________________________. Phone # ______________________

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SCHOOL INFORMATION

Date	Name of school/city	Grades Attended	Teachers
From:			
To:			
Behavior:	Good ___ Fair ___ Poor ___		
Attendance:	Good ___ Fair ___ Poor ___		
Academic performance	Above average _____ Average _____ Poor _____ Failing _____		
Special classes	No ___ Yes ___ If yes, LD ___ DH ___ SBH ____ IEP ___		

Your best subject is _____; most challenging subject is: _____

Your homework rule(s) while here: _____

You participated in these sports/clubs:_____

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MEDICAL INFORMATION (Ongoing)

Date:		
Primary Medical Provider:		
Instructions :		
Medication/dosage:		

Date:		
Primary Medical Provider:		
Instructions :		
Medication/dosage:		

Date:		
Primary Medical Provider:		
Instructions :		
Medication/dosage:		

Date:		
Primary Medical Provider:		
Instructions :		
Medication/dosage:		

Date:		
Primary Medical Provider:		
Instructions :		
Medication/dosage:		

MEDICAL INFORMATION (Ongoing)

(Ortho, neuro, speech & hearing, etc.)

Date:		
Primary Medical Provider:		
Instructions :		
Medication/dosage:		

Date:		
Primary Medical Provider:		
Instructions :		
Medication/dosage:		

Date:		
Primary Medical Provider:		
Instructions :		
Medication/dosage:		

Date:		
Dental:		
Instructions :		

Date:				
Vision				
Eyeglasses Prescription	**L**	**R**	**L**	**R**

COUNSELING INFORMATION (Ongoing)

Date:		
Counseling Information:		
Instructions :		
Medication/dosage:		

Date:		
Counseling Information:		
Instructions :		
Medication/dosage:		

Date:		
Counseling Information:		
Instructions :		
Medication/dosage:		

Date:		
Counseling Information:		
Instructions :		
Medication/dosage:		

Date:		
Counseling Information:		
Instructions :		
Medication/dosage:		

MEDICAL INFORMATION (Ongoing)

(Ortho, neuro, speech & hearing, etc.)

Other:		
Date of Appt.:		
Instructions:		
Meds/dosage:		

Hospitalizations	**Date**

Childhood Injuries	**Date**

Injuries	**Date**

FAMILY INTERACTION PLAN

Location of family interaction: _____

Date and time: _____

Transportation plan: _____

Visitation type: _____

Who may visit: _____

Assigned Case Aide: _____

Other forms of communication: _____

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Date and time: _____

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Who may visit: _____

Assigned Case Aide: _____

Other forms of communication: _____

FAMILY INTERACTION CALENDAR

Indicate on the calendars below each scheduled visit with an X. Please shade the box of each successful visit.

Month___________________________________

Sun	Mon	Tue	Wed	Thur	Fri	Sat

Month___________________________________

Sun	Mon	Tue	Wed	Thur	Fri	Sat

Month___________________________________

Sun	Mon	Tue	Wed	Thur	Fri	Sat

Month___________________________________

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Month________________________________

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Month________________________________

Sun	Mon	Tue	Wed	Thur	Fri	Sat

Month________________________________

Sun	Mon	Tue	Wed	Thur	Fri	Sat

FAMILY INTERACTION NOTES

Date	
Date	
Date	
Date	
Date	
Date	
Date	

COURT INFORMATION

Date: _____ Legal Status: _____

CASA/GAL: _____ Phone #: _____

Probation Officer_____ Phone #: _____

Court orders, terms of probation, special instructions: _____

_____

_____

Next hearing date: _____ Time: _____

Date: _____ Legal Status: _____

CASA/GAL: _____ Phone #: _____

Probation Officer_____ Phone #: _____

Court orders, terms of probation, special instructions: _____

_____

_____

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BIRTH INFORMATION

City/State of Birth: _____ Hospital: _____

Birth Weight: _____ Birth length: _____

Breast fed: Y __ N __ Bottle fed: Y __ N __ Type of formula: _____

Feeding Schedule: _____

Sleeping Schedule: _____

Birth Marks: _____

Temperament: _____

Medical Concerns: _____

DEVELOPMENTAL MILESTONES (birth-3 years)

Developmental Task	Date	Age	Developmental Task	Date	Age
First Smile			Climbs up/down stairs		
Holds up head and chest			Hand and finger skills		
Begins to babble/imitate sounds			Walks up/down stairs		
Rolls over			Runs easily		
Responds to own name			Speaks in two work sentences		
Able to track objects			Recognizes common objects		
Can hold objects			Can say name, age, and gender		
Started fruits and vegetables			Uses four & five word sentences		
Sits alone			Imitates adults & playmates		
Crawling			Parallel play		
Pulls self up to stand			Can take turns in game		
Walks holding onto furniture			Expresses affection openly		
Stands alone/first step			Expresses wide range of emotions		
First word			Potty trained		
Eating table food			Stacks blocks of three or more		

DEVELOPMENTAL MILESTONES (birth-3 years)

Developmental Task	Date	Age	Developmental Task	Date	Age
Dry during the day			Able to write name/ABC's		
Dry during the night			Understands concept of same/different		
Speaks in sentences of five + words			Tells stories		
Throws ball overhead			Swings and climbs		
Hops on one foot/somersaults			Colors between lines		
Holds crayon between fingers			Empathy for others		
Walks/runs forward/backward			Able to read fluently		
Able to dress self			Concept of time		
Retells part of a story			Uses future tense		
Can recognize ABC's			Able to develop peer relationships		
Ties own shoe			Maintains personal hygiene		

ADDITIONAL MILESTONES OR 'FIRSTS'

(i.e. first haircut, first tooth, etc.)

Date	

CAREGIVER MEMORIES

Date _____ Caregiver name: _____

On _____ you came to our/my family. The members of this family include: _____

_____.

On your first day here, we _____

_____.

Some of your favorite things to do were _____

_____.

There were many special things about you that we/I will remember. They are: _____

_____.

I felt most proud of you when _____

_____.

The most difficult time for you was _____

_____.

If we/I could have one wish for you, it would be _____

_____.

Changes I/we have seen in you: _____

_____.

First time experiences you have had: _____

_____.

Trips you have taken: _____

_____.

Family activities you enjoyed the most: _____

_____.

IMPORTANT INFORMATION TO TAKE WITH YOU AS YOU LEAVE OUR HOME

Eating and Sleeping Habits

Currently you eat (circle): Formula Jr. food table food special diet everything

_____

(Explain or name the brand if important)

You have meals at the following times:_____

_____

The food(s) you like best:_____

The food(s) you like least: _____

New foods you have tried: _____

Food allergies noted: _____

You usually take a nap about _____

You go to bed for the night at _____. You like to sleep with _____

_____

(Light on/off, stuffed animal, special blanket, music, etc.)

Before you go to sleep, you like to _____

(Snack, read, listen to music, be held/rocked)

_____

Chores you currently perform: _____

_____

New skills you've learned: _____

_____

You are leaving our home because _____

_____

_____

HOW YOU HAVE GROWN!

Date _____

You wear size:

Pants: _____ Shirts: _____ Shoes: _____

Coat/jacket: _____ Socks: _____ Underclothing: _____

You are now _____ tall and you weigh _____ pounds.

Upcoming Appointments

Doctor/Therapist's Name	Date of Appt.	Time of Appt.	Address of Appt.

Other important information to note:

_____

_____

_____

_____

_____

_____

IMPORTANT THINGS ABOUT YOU

Date	

IMPORTANT THINGS ABOUT YOU

Date	

IMPORTANT THINGS ABOUT YOU

Date	

IMPORTANT THINGS ABOUT YOU

Date	

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