

CHILD INFORMATION GUIDE**TO BE FILLED OUT BY THE FOSTER PARENTS AT THE TIME
THE FOSTER CHILD IS READY TO LEAVE YOUR HOME.**

As your foster child's caretaker you are often aware of the special things that the child is use to that makes him/her feel "at home." Please take a minute and share some of your "secrets" to help your foster child adjust faster to his/her new home. Answer the questions that apply to this child and leave the rest blank.

(Name of Child) _____

has lived with me for (Length of Time) _____. Age of child _____

YOUNGER CHILD**1. Eating:**

- a) What time are meals served? _____
- b) When are snacks served? _____
- c) What kinds of snacks are served? _____
- d) What foods does the child dislike? (or is allergic to?) _____
- e) What are the child's favorite foods? _____

2. For Babies Only:

- a) What formula is used? _____
- b) How often does the baby eat? _____
- c) Any solid foods? _____
- d) Does the baby have any feeding problems? Yes No
If yes, explain: _____

3. Bathing:

- a) Is there a set time for bathing? Yes No If yes, when?: _____
- b) Does the child like a bath or a shower or both? Bath Shower Both
- c) Any fears of water? Yes No
If yes, explain: _____

4. Bedtime

- a) What time does the child go to bed and, if applicable, nap? Bedtime: _____ Naptime: _____
- b) Is there a bedtime ritual (e.g., a bath, a story, a prayer)? Yes No
If yes, explain: _____
- c) What kind of bed does the child sleep in? _____
- d) Who did the child sleep with in his/her room? _____
- e) Is a light left on? Yes No
If yes, explain: _____
- f) Does the child sleep with anything special (e.g., toy, pacifier, bottle)? Yes No
If yes, explain: _____
- g) Does the child wake up at night? Yes No If yes, why?: _____
- h) Does the child wet the bed? Yes No How is bed wetting handled? _____

5. When the Child Needs Comfort:

a) What technique is the child accustomed to (e.g., kisses, hugs, back rub)?

b) How is the baby held (i.e., arms, shoulder)?

If yes, explain: _____

6. Discipline:

a) When discipline is needed, what works? _____

Comments on some of the special problems you have had with the child.

OLDER CHILD

1. Eating:

a) What is your family's meal schedule? _____

What is the teen's meal routine? _____

b) Have you observed any symptoms of anorexia, bulimia, or hoarding? Yes No

If yes, explain: _____

c) Any food allergies? Yes No

If yes, explain: _____

d) What are the teen's food likes and dislikes? _____

e) Does teen show excessive preference for junk food? Yes No

If yes, explain: _____

f) Has sugar intake been monitored due to effects on behavior/functioning? Yes No

If yes, explain: _____

2. Personal Hygiene:

a) Is there a preference for Bath Shower

b) If a girl, does she menstruate? Yes No

Any Problems? _____

c) If a boy, does he shave? Yes No

d) Indicate teen's desire or requirements for special hygiene products.

e) Does teen require monitoring of hygiene care? Yes No

If yes, explain: _____

3. Bed:

- a) Is there is a regular time for going to bed? Yes No If yes, indicate time: _____
- b) Has teen slept in a room alone or with others? Alone Others
- c) Are there any special needs (e.g., *lights on, door open/shut, music, reading*)? Yes No
If yes, explain: _____

4. Behaviors:

- a) Give brief description of teen’s daily routine. _____
- b) Any acting out? Describe. Yes No
If yes, describe: _____
Frequency? _____
- c) Any indications of sexual abuse, and/or any inappropriate sexual activity? Yes No
If yes, explain: _____
- d) Any lying or stealing? Yes No
If yes, give an example: _____
- e) Is teen abusive to others or animals? Yes No
If yes, explain: _____
- f) Does teen date yet (*i.e., single date, group date, keep a curfew*)? Yes No
- g) How does teen handle peer relationships? _____
- h) Does teen smoke? Yes No _____
- i) Have there been any examples of substance abuse (*experimentation or problems*) Yes No
If yes, explain: _____

5. Hobbies:

- a) Give brief description of teen’s interest/ability for hobbies and/or sports. _____
- b) Does teen show interest in school or church activities? Yes No _____

6. School:

- a) Any truancy problems? Yes No
If yes, explain: _____
- b) Indicate special interests. _____
- c) Indicate overall attitude toward school (*i.e., rules, authority and structured setting*).

Comments

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