

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? \_\_\_\_\_  
\_\_\_\_\_

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. \_\_\_\_\_  
\_\_\_\_\_