

Personal Care & Hygiene

Date form completed:	Revised:	Initials:
By whom:	Revised:	Initials:

Fill in the items below and print out this form for your notebook.

Name of child:	Birth date:
Home address:	Phone:
Parent/Guardian:	Home/Work phone:

Things my child does independently: (Example: brushes teeth)	
1. _____	7. _____
_____	_____
2. _____	8. _____
_____	_____
3. _____	9. _____
_____	_____
4. _____	10. _____
_____	_____
5. _____	11. _____
_____	_____
6. _____	12. _____
_____	_____

Activities that require assistance:

(Example: bathes, but needs help regulating running water)

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

Other information that would be helpful:

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.