

KIDS FIRST MOTHER'S DAY OUT

First Baptist Church
Murray, KY

Social Habits

Date: _____

Child's Name: _____ Birthdate: _____

Experiences with Others:

1. Names and ages of Brothers: _____
2. Names and ages of Sisters: _____
3. Others in home: _____

What are some of the ways in which your child plays at home? _____

Does your child play with children from other families? _____ How? _____

What other group experience has your child participated in? _____

How does your child generally handle frustration or conflict with another child? _____

Is your child potty trained? _____

Does your child have certain rest time habits (i.e. certain blanket or toy, need to be rocked)? _____

Please list any information that would help us to better relate to and serve your child (i.e. any developmental delays, speech, occupational, or physical therapy).
