

HOME RECORD FORM

Surname:		Given Names:	
SHORT SKETCH OF THE CHILD FOR BACKGROUND:			
Date of Birth:	Age:	Sex:	
Place in Family: (list brothers and sisters in order, with ages)			
Living Accommodation: (indicate type of dwelling, no. of rooms, play space inside and out; has child room of own?)			
Others living in the home: (relation to child)			
Pets:			
Relatives in the city with whom the child is close:			
Playmates:			
Child's Health: (parent's statement of health, incorporating results of medical exam if possible: indicate any conditions which might affect participation)			
Size for Age: (is child average, larger than average, smaller?)			
General Level of Activity: (is child unusually active, unusually quiet, easily excited, tend to tire quickly?)			

Surname:

Given Names:

Date:

DAILY ROUTINE IN HOME:

Waking: (does child wake very early and play in bed? awake slowly? cry on waking? what time does he waken?)
Dressing: (to what extent does child dress and undress self? what clothes are difficult? dress or undress quickly or dawdle? how long does dressing and undressing take?)
Eating: (arrangements for meals – by self? with family? in high chair? how capable of self management? what help needed? dawdling? refusals? clumsiness? prohibited foods? disliked foods? times of meals? foods given between meals?)
Toilet: (what are toilet arrangements? Is the child taken regularly? child asks? words used? to what extent does child care for self at toilet?)

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DAILY ROUTINE IN HOME (CONT'D):

Washing: (washing after toilet? washing before meals? to what extent does child carry out routine

himself? arrangements for washing? how long does he take to wash?)

Naps and Relaxing: (does child have periods of relaxing, e.g. before meals? napping – when and how long? difficulty in relaxing and slowing down?)

Sleep: (time to bed? depth of sleep? problems of sleeping?)

Special features of home management: (allergies, special toilet routines and any other special procedures used at home which should come to attention of supervisors)

PLAY AND CREATIVE MATERIALS AVAILABLE TO CHILD:

Outdoor: (list of equipment: permanent - swings, slides, etc.
small – wagons, tricycles, etc., storage space, how supervised?)

Indoor: (list of equipment: books, blocks, paints, crayons, etc., storage space, how supervised?)

PLAY ACTIVITIES:

Outdoor: (time to play, to what extent does he initiate activities on own? to what extent are activities suggested by parent? how long is he able to stick to activities by self? with what children does he normally play? how does he play with them – frequent quarrels?)

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PLAY ACTIVITIES (CONT'D):

Indoor: (same as outdoor)

SPECIAL INTERESTS:

(is child specially interested in art? books? music? particular toys? etc.)

METHOD OF CONTROL EMPLOYED IN THE HOME:

(how is the child's behaviour controlled – by father? by mother? other occupants in the home? what effects have various methods of control had upon the child's feelings?)

child's fears -

OTHER PERTINENT INFORMATION RE THE CHILD IN HIS HOME:

Occupation or course of study:

Father:

Mother:

Hobbies & skills of:

Father:

Mother: