

## Parent to Parent: Youth Information

**Weekly Appointments/ Activities: Indicate activity, day and time**

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

### Routines

- When does your child wake up?
- When does your child go to bed?
- Describe Youth's Morning Routine:
- Describe Youth's Evening Routine:

### Fears:

- Does your child have any fears: (dogs, dark, noises etc)?
- How do you comfort or help your child calm?
- How does your child respond to new situations?
- What triggers your child?

- What helps your child calm down?

**Is your child on any medication? Please indicate the dosage and time:**

**Sleeping:**

- Type of bed your youth uses (i.e.: bunk, twin, double)
- Does your child share a room?
- Does your child use a nightlight?
- Does your child wake up at night? If so, how often?
- What happens when they wake up at night (walk around, cry, are they terrified)?

**Toileting Practices;**

- Does your child have a tendency toward diarrhea? Constipation?
- Does your child take medicine for this?
- Does your child have problems with bedwetting?
- Does your child soil his/her pants at night?
- Does your child wet or soil him/herself during the day?



Psychiatrist/Med Mgmt		
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**Clothing:** Please specify sizes:

Shirts:	Pajamas:	Dress:
Pants:	Jackets:	Shoes:

**How is your child on the following?**

- Obeying adults
- Following Rules
- Being Respectful
- Maintaining Attention
- Being Honest
- Making Friends
- Settling Disagreements
- Sharing

**Bathing and Hygiene**

- Does your child enjoy bath time or getting his/her hair washed?
  
- Does you child use any special lotions, soaps or other bath items?
  
- How often does your child bathe?
  
- Does your child prefer a bath or a shower?

- Does your child do an adequate job of the following without adult supervision?

Bathing/Showering

Shampooing

Tooth Brushing

Does your child use deodorant?

### **Faith Practices:**

- Does youth attend church? Yes No
- If yes, where?
- Does the youth want to attend church?

### **Away from Home and Travel**

- Does your child enjoy car travel?
- Does your child get carsick?
- Has your child ever flown on an airplane?
- Is your child used to going on outings (to the store or church)?
- Has your child attended any daycare programs?

**Any other information about your child that might be helpful to the new person caring for him or her?**

*\*The Youth information portion of this packet was based on Transitions: Moving Children with Sensitivity by Kris Villaneuva, MSW, LCSW and Judy Miller, M. Ed. Information Packet, Oregon Post Adoption Resource Center.*

