

MOM: _____

DATE: _____

YOUR UNIQUE CHILD

The following questions are to help us make your child feel welcome here at the shelter. Each child has their own unique needs and we want to celebrate those and support you in helping your child through this transition. Your participation is voluntary. Please feel free to skip any question.

Name: _____ Birthday: _____

Name your child likes to be called: _____ Gender preference: _____

Language(s) spoken: _____

Ethnic identity: _____

Spiritual/Religious affiliation: _____

Daily Routine

(Ex: Wake up/bed time, meals, daily activities, spiritual and/or cultural practices, medications, etc.)

Morning:

Daytime:

Evening:

Nighttime:

Activities

_____ likes to...

1. _____
2. _____
3. _____

_____ does not like...

1. _____
2. _____
3. _____

Favorites

Foods: _____

Color: _____

Animal: _____

Toy: _____

Books & Movies: _____

Traditions (family and/or cultural): _____

Holiday: _____

Other: _____

Support

Things we can do to help make your child feel welcome and safe:

1. _____
2. _____
3. _____

Needs (met or unmet):

How can we support you as a parent around your child's needs?

Important things to know about your child & you

What are some special things about _____ that make you proud to be their mom?

1. _____
2. _____
3. _____

What are some special things you love about your mom? (Ask child if age appropriate)

1. _____
2. _____
3. _____

If there is something else you think of or any needs come up for _____ during your stay here at the shelter, we want to know about it! Please do not hesitate to talk to staff so we can work together to support you both!