



About Me Sibling Support Form

Helpful information for family and community helpers when caregivers cannot be at home.

Essential Information:

My child's name/nickname: _____

Does your child have food allergies? _____

Other Allergies? _____

My child's teacher's name: _____

Friend's names: _____

Other Helpful Information: _____

Caregivers' Phone Numbers: _____

Favorite Things:

Food: _____

Snacks: _____

TV Show/Movie: _____

Sport: _____

Activities: _____

Books: _____

Other: _____

Sleep Schedule:

Bedtime: _____

Comfort Item for bed? _____

Bedtime Routine: _____

Sleeps through the night? _____

Wets the bed? _____

Does your child take naps? _____

Nap Time: _____

Weekly Activities:

Activity/ Time/ Location

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Emotional Support:

My child's mood is typically: _____

My child is happiest when: _____

When my child is upset they: _____

When my child is stressed they: _____
