**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:**

### Weekly Activities:

<table>
<thead>
<tr>
<th>Activity/ Time/ Location</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
</table>

### Sleep Schedule:
- **Bedtime:**
- **Comfort Item for bed?**
- **Bedtime Routine:**
- **Sleeps through the night?**
- **Wets the bed?**
- **Does your child take naps?**
- **Nap Time:**

### 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:**