

CHILD DEVELOPMENT SERVICES (CDS) CHILD AND FAMILY PROFILE

For use of this form, see AR 608-10; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3013

PRINCIPAL PURPOSE: Information is used by DA personnel to: (1) develop programs meeting needs of child and family, (2) ensure appropriate placement of child, (3) identify contingency plan for child illness, (4) verify Family Care Plan, and (5) identification of potential program volunteers.

ROUTINE USES: Information provided may be released IAW the Army's blanket routine uses contained in AR 340-21.

DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be able to participate in CDS programs.

NAME OF SPONSOR (<i>Last, first, MI</i>)	DATE
ADDRESS (<i>Include ZIP Code</i>)	TELEPHONE
DUTY ADDRESS (<i>Include ZIP Code</i>)	TELEPHONE

CHILD DATA

NAME (<i>Last, first, MI</i>)	NICKNAME	BIRTH DATE
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DEVELOPMENTAL TASKS/ACCOMPLISHMENTS FOR INFANTS AND TODDLERS (*Check appropriate blocks*)

SITS	<input type="checkbox"/> WITH SUPPORT	<input type="checkbox"/> INDEPENDENTLY
WALKS	<input type="checkbox"/> WITH SUPPORT	<input type="checkbox"/> INDEPENDENTLY
SPEECH	<input type="checkbox"/> SINGLE WORDS	<input type="checkbox"/> PHRASES <input type="checkbox"/> SENTENCES
TOILET TRAINED	<input type="checkbox"/> DAY	<input type="checkbox"/> NIGHT
SELF-HELP SKILLS	<input type="checkbox"/> FEEDS	<input type="checkbox"/> TOILETS <input type="checkbox"/> DRESSES
READINESS SKILLS	<input type="checkbox"/> TIES	<input type="checkbox"/> ZIPS <input type="checkbox"/> BUTTONS/SNAPS
ATTENTION SPAN	<input type="checkbox"/> COLORS	<input type="checkbox"/> PRINTS NAME <input type="checkbox"/> CUTS
ACTIVITY LEVEL	<input type="checkbox"/> SPORADIC	<input type="checkbox"/> MODERATE <input type="checkbox"/> SUSTAINED
PLAYS	<input type="checkbox"/> LOW <input type="checkbox"/> ALONE	<input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH <input type="checkbox"/> WITH OTHERS
		<input type="checkbox"/> NEAR OTHERS <input type="checkbox"/> WITH OTHERS

INFANTS/TODDLER UNIQUE VOCABULARY (*List child's special words and what they actually mean*)

CHILD'S WORDS	MEANING	CHILD'S WORDS	MEANING
	DRINK		
	BATHROOM		
	BOWEL MOVEMENT		
	URINATION		
	SPECIAL TOY(S)		

CHILD'S PREFERENCES

FOODS	TOYS	PASTIMES

SPECIAL CONSIDERATIONS

FEARS/DISLIKES	PERSONALITY CHARACTERISTICS	SPECIAL NEEDS

PREVIOUS GROUP EXPERIENCES	RESPONSE TO NEW/STRANGE SITUATION
NAP (<i>Comments</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO	BEDTIME (<i>Time, etc.</i>)

FAMILY DATA

HOUSEHOLD MEMBERS			PETS	
NAME	AGE	RELATIONSHIP TO CHILD	TYPE	NAME

REASONS(s) FOR USE OF CDS PROGRAM(s)

CONTINGENCY CARE PLAN FOR CHILD ILLNESS

CAR POOL/TRANSPORTATION ARRANGEMENTS

FAMILY CARE PLAN *(Sole Parent/Dual Sponsors)*

VOLUNTEER AVAILABILITY *(Check appropriate blocks)*

FIELD TRIPS AIDE

HOLIDAY ACTIVITIES

AT HOME PROJECTS

ON SITE ADMINISTRATIVE/CURRICULUM PROJECTS

TOY/EQUIPMENT REPAIR

CLASSROOM AIDE

OTHER _____

EMERGENCY NOTIFICATION DESIGNEE	HOME PHONE	DUTY PHONE	CHILD RELEASE DESIGNEE
EMERGENCY NOTIFICATION DESIGNEE	HOME PHONE	DUTY PHONE	CHILD RELEASE DESIGNEE
EMERGENCY NOTIFICATION DESIGNEE	HOME PHONE	DUTY PHONE	CHILD RELEASE DESIGNEE

REMARKS