**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Parent/Guardian Completing Form:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Schedule & Routine**

1. **Days the student is in your care:**
2. **Daily schedule breakdown:**

|  |  |
| --- | --- |
| **Time** | **Activity Description** |
| 12:00 AM - 1:00 AM |  |
| 1:00 AM - 2:00 AM |  |
| 2:00 AM - 3:00 AM |  |
| 3:00 AM - 4:00 AM |  |
| 4:00 AM - 5:00 AM |  |
| 5:00 AM - 6:00 AM |  |
| 6:00 AM - 7:00 AM |  |
| 7:00 AM - 8:00 AM |  |
| 8:00 AM - 9:00 AM |  |
| 9:00 AM - 10:00 AM |  |
| 10:00 AM - 11:00 AM |  |
| 11:00 AM - 12:00 PM |  |
| 12:00 PM - 1:00 PM |  |
| 1:00 PM - 2:00 PM |  |
| 2:00 PM - 3:00 PM |  |
| 3:00 PM - 4:00 PM |  |
| 4:00 PM - 5:00 PM |  |
| 5:00 PM - 6:00 PM |  |
| 6:00 PM - 7:00 PM |  |
| 7:00 PM - 8:00 PM |  |
| 8:00 PM - 9:00 PM |  |
| 9:00 PM - 10:00 PM |  |
| 10:00 PM - 11:00 PM |  |
| 11:00 PM - 12:00 AM |  |

1. **Extracurricular activities (sports, hobbies, lessons, etc.):**
2. **Preferred foods and eating habits:**
3. **Sleep schedule and bedtime routine:**
4. **Anything else we should know about their home life that may affect their behavior or well-being:**

**Signature of Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form helps us better understand the student’s routine, experiences, and needs to provide the best possible care and support.