

Task-Based Activity: Childcare Form

Learner Name: _____ Date: _____

Pre self-assessment

I need to improve my skills at reading texts and filling in forms:

Yes

No

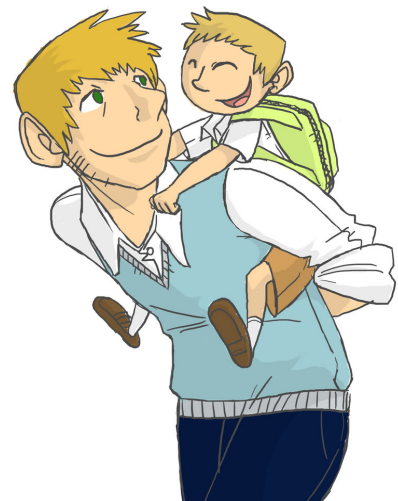
Activity

Read the following situation to fill out the form below, using the information you read.

Tom is going back to school. He has a three-year-old son named Sammy Fisher who was born on June 10, 2009. Tom is a single dad and cannot take care of his son all day because he wants to complete his high school diploma. Therefore, he looks for day care options. Tom is worried because Sammy has many needs. Sammy is a picky eater. He loves cheese, crackers and fruit but dislikes yogurt and muffins. Sammy loves playing with small building blocks to make castles. He is usually a happy kid but when he gets angry he throws a fit and cries loudly. Tom disciplines Sammy by placing him in a timeout area. Sammy has been to childcare before and it took about a week for him to adjust. Sammy is a fearless kid who can get into messes but he loves naptime. Tom wants to make sure that Sammy is getting an hour of sleep each afternoon and that he is able to have his stuffed robot during naptime.

Tom is also concerned about the care Sammy will get with his health issues. Sammy has occasional upset stomach, and he has asthma. Tom also has asthma and carries around both his and Sammy's puffers. Sammy also gets frequent sore throats. Luckily, Sammy has never had any other illnesses or any developmental disorders. However, he has been hospitalized when he fractured his arm falling down the front steps of their apartment building. The last time he had a physical exam was January 25, 2014. The last time he had a visit with the dentist was December 5, 2013. Finally, the last time his eyes and ears were checked was May 14, 2014.

Tom expects the childcare centre to meet all of Sammy's daily and medical needs. He also wants Sammy to be having fun all day.



About Your Child

1. What FOODS does your child especially like? _____

2. Especially DISLIKE? _____

3. Favorite toys, games, activities? _____

4. Is your child TOILET TRAINED? _____ What words does your child use for toilet? _____

5. How does your child express ANGER or frustration? _____

6. Does your child have any special FEARS? _____

Explain _____

7. When your child is upset, what helps to COMFORT him/her? _____

8. How do you DISCIPLINE your child? _____

9. Has your child been taking an afternoon NAP? _____ If so, how long? _____

If not, why? _____

10. Special toy or blanket for NAP? _____

11. Special FAMILY situations? (*such as custody specifications, problems arising from situations, etc.*)

12. Anticipated ADJUSTMENT problems? _____

13. Any disorders/developmental (slow, advanced) diagnosed or suspected? _____

14. Previous childcare child has attended: _____

15. Any problems at previous daycares? _____

16. EXPECTATIONS of Day Care Home _____

17. Other COMMENTS?

Health History

1. Child's name _____ Birthdate _____
2. Last Physical Examination _____
3. Illnesses: (*please* put an X beside each illness your child has)

Does your child have any problems with any of these?

Constipation
Convulsions
Diarrhea
Fainting Spells
Frequent Colds
Frequent Ear Infections
Frequent Sore Throats
Lice
Ringworm
Skin Rash
Soiling
Stomach Upsets
Urinary Problem
Worms

Has your child had any of these diseases?

Asthma
Bronchitis
Chicken Pox
Diabetes
Heart Disease
Hepatitis
Impetigo
Measles
Mumps
German Measles
Polio
Scarlet Fever
Tuberculosis
Whooping Cough

Other ILLNESSES? (*besides above*) _____

3. Has your child been HOSPITALIZED? (*explain*) _____
4. Has your child had INJURIES with fractures or loss of consciousness? (*explain*)

5. Last VISION Test Date _____ Last HEARING Test Date _____
6. Last DENTIST Visit Date _____
7. Any other members of your family history of: ASTHMA ____ DIABETES ____ EPILEPSY ____

Honey Childcare



Post self-assessment

I think my skills have improved as a result of completing this activity.

Yes

No

Learner comments:

Assessment

Task-Based Activity: Childcare Form

Learner Name: _____ Date: _____

Practitioner Name: _____

Performance Descriptors	Needs Work	Improving	Excellent
A1.2: Read texts to locate and connect ideas and information <ul style="list-style-type: none">• scans text to locate information• locates multiple pieces of information in simple texts• makes low-level inferences• makes connections between sentences and between paragraphs in a single text• reads more complex texts to locate a single piece of information• follows the main events of descriptive, narrative and informational texts• obtains information from detailed reading• begins to identify sources and evaluate information			

B3.2a: Use layout to determine where to make entries in simple documents

- uses layout to determine where to make entries
- begins to make some inferences to decide what information is needed, where and how to enter the information
- makes entries using a limited range of vocabulary follows instructions on documents

The learner needs to work on the following:

This task was successfully completed

This task needs to be tried again

Practitioner Comments:

Learner Comments: