



Family Information Form

Date of Application: _____ Person completing form: _____

Child's Personal Information

First Name: _____ Last Name: _____

Male: _____ Female: _____

Birthday: _____ Chronological Age: _____ Developmental Age: _____

Please explain the nature of their special needs, including the name of the syndrome, if known:

Indicate degree of severity: _____ Mild _____ Moderate _____ Profound

Family Information

Lives with: Mother & Father: _____ Mother: _____ Father: _____ Other: _____

Name 1: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Email: _____

Name 2: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Email: _____

In the event of an emergency, this person is authorized to pick up the child:

Positive identification must be provided before the child will be released.

Name: _____ Relationship: _____

Phone: _____

Medical & Dietary Information

Please explain any special care or medical history we need to know in order to care for your child.

Please note: Medications cannot be administered by our volunteers.

Snacks/Foods the child enjoys: _____

Food allergies/foods to avoid: _____

Share any special oral motor issues we should be aware of (gagging, drooling, difficulty swallowing)

I do not wish for my child to have snacks or liquids during class time. _____ (check if applicable)

Please state any other information you would like for us to know about your child. _____

Thank you for letting us get to know your child. We look forward to our time together!

Physical Needs

Length of attention span: _____ Needs movement breaks: ___Y ___N

How do we recognize the need to take movement breaks? _____

Vision: ___Normal ___Impaired ___Blind

Hearing: ___Normal ___Impaired ___Deaf ___Hearing Aids

Physical Movement: ___Normal ___Braces ___Walker ___Wheelchair ___Other

Fine Motor Skill Level (handling small items): ___No difficulty ___Moderate ___Profound

Gross Motor Skill Level (handling large items): ___No difficulty ___Moderate ___Profound

Toileting: ___Toilets independently ___Needs assistance ___Diapers ___Other

Signs used by child to indicate need to go to bathroom: _____

Communication

___ Predominantly Verbal ___ Predominantly Non-verbal ___ Sign language

___ Speaks Clearly ___ Vocalizations not always understood

___ Follows spoken request ___ Responds to signed or gestural requests

Expresses needs and wants by using:

___ Eye contact ___ Gestures/Signs (examples) _____
Assistive devices (picture boards, talkers, etc.)

Learning Behavior

I tend to be: ___Shy ___Outgoing ___Hyperactive and or ADD

I adapt to new situations: ___Well ___With difficulty

Describe any behaviors we should be aware of including:

Aggression (biting, hitting), Property destruction (throwing things), Tantrums, Running Away, Other

About Me

Activities I enjoy most:

___ Music	___ Coloring	___ Physical Games
___ I Pad time	___ Being read to	___ Crafts
___ Independent Play	___ Group Activities	___ Other (explain)

Please respond to the following questions:

- Sounds, sights, or objects that cause me distress?
- I am fearful of:
- I learn best when:
- I am comforted by:
- What causes behavior issues? Is it usually in response to something else?
- In what settings is the behavior likely to occur? (home, school, with strangers, in crowds)
- How often does this behavior occur?
- Is there a risk of harm to the child or others in the classroom? Please explain
- What is the most successful way to deal with the behavior? Can it be redirected?
- Can you suggest a positive reinforcement for good behavior (statements, activities, actions your child especially enjoys)