

Personal Information

Child's Name: _____

Age: _____

Parent's Name: _____

Phone: _____

Emergency Contact: _____

Phone: _____

Health Information

Describe Child's Disability (if applicable): _____

Are there other medical conditions we should be aware of?

Yes No

If yes, please describe: _____

Does your child have any food allergies?

Yes No

If yes, what are they? _____

**Please note: If your child has any food allergies and/or special diet, bring a snack for them to class.*

Toileting Information

Is your child potty trained?

Yes No

If he is trained, does he go unattended or will he require assistance?

Unattended Needs Assistance

If he is not trained, will he allow an adult volunteer to change his diaper or will you need to be contacted to do so?

Volunteer Contact Parent

Is there other toileting information or instructions we should be aware of?

Yes No

If yes, what are they? _____

**Please note: If your child is over 5 yrs old, diaper changing is up to the discretion of the volunteer.*

Communication Information

How does your child communicate? _____

Does your child understand words spoken to them?

Yes No

What is the best way volunteers can communicate with your child? _____

What are some of your child's favorite activities to do with other children? _____

What are some of your child's favorite activities to do by himself? _____

Behavior Information

How does your child respond to touch by other children and adults as well? (examples: hand shake, pat on the back, hug, or being accidentally brushed against, etc.) _____

Does your child have emotional outbursts?

Yes No

If yes, please describe situations that may trigger these: _____

What are some ways of calming him down when he gets upset? _____

