

5. Does your child have a specific behavior program?
Please specify and attach data sheet if appropriate: YES NO

6. What are your child's toileting skills?

wears diapers/pull ups
uses bathroom independently
needs adult to assist with toileting

uses bathroom when asked to
needs toileting schedule

How does your child let you know that they need to use the restroom?

Specific instructions:

7. What are your child's eating skills?

child uses a fork
child drinks from a cup independently
child chews and swallows with no problems
child has normal appetite

child uses a spoon
child uses sippy cup

child has limited food preferences

Does your child have any food allergies (Please List Below)? YES NO

Does your child have any diet restrictions?
Please specify: YES NO

Does your child have any food aversions?
Please specify: YES NO

Does your child have any problem behaviors during meals? (throws food, grabs food from others, etc.)

YES NO Please list:

8. What activities does your child like to do?

gross motor: (movement)
fine motor: (table top)
other:

9. What activities does your child dislike?

10. What activities or materials might cause your child to become overstimulated?

11. Does your child have any sensory reactions in the following areas? If yes please specify the behaviors/response below. Sensitive to sound: Sensitive to light: Sensitive to touch: Sensitive to smell: Sensitive to taste: Sensitive to texture:	YES	NO
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12a. When your child is upset or overstimulated, what helps him/her to calm down?

12b. What verbal or behavioral clues indicate your child is becoming upset?

13. What else should your child's provider know about your child?

14. What community activities has your child participated in?

15. How does your child respond to new situations and/or being in community settings?

16. Does your child like animals? Is your child afraid of animals? (please explain)	YES	NO
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17. Does your child have swimming skills? Explain:	YES	NO
Is your child afraid of water? Explain:	YES	NO

18. Is your child required to sit in a booster seat? YES NO
Is your child required to sit in a car seat? YES NO

19. Does your child have transportation issues (Explain Below)? YES NO

20. Does your child have any additional needs not covered in this questionnaire? (please explain)

22. What size shirt does your child wear? Child's XL XS S M L
Adult size: S M L XL XXL

23. Additional comments:

PRINT Parent/Guardian Name:

Date:

Phone Number(s):

Email:

NOTE: THIS APPLICATION IS DUE MAY 31, 2019