

**CURRENT INFORMATION**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address of Parent/Guardian (if different): \_\_\_\_\_

\_\_\_\_\_

Other Parent/Guardian: \_\_\_\_\_

Emergency Telephone(s): \_\_\_\_\_

Current Physician(s): \_\_\_\_\_

Telephone: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Private Insurance: \_\_\_\_\_

\_\_\_\_\_

Diagnosis(es): \_\_\_\_\_

General Physical Condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any Restricted Activities: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wears glasses?      Yes      No      If yes, does s/he keep them on independently?      Yes      No

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Seizures?      Yes      No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medication(s). Note: Include dosage and time(s) of day: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMUNICATION SKILLS**

How does your child communicate?

Oral Speech                  Signs                  Communication Board/Book

Additional communication skills information (e.g., points, takes hand of care giver): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If uses primarily oral speech, how would you describe his/her present level of speech?

Minimal                  Poor                  Fair                  Good

Explain: \_\_\_\_\_  
\_\_\_\_\_

How can people most effectively interact with your son/daughter? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any particular words or phrases which upset your son/daughter: \_\_\_\_\_

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If s/he needs something (e.g., restroom, food, water), how will s/he let you know? \_\_\_\_\_

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Communicates only when really needs/wants something:      Yes      No

Explain: \_\_\_\_\_

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Enjoys talking/communicating with familiar people about: \_\_\_\_\_

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Responds to unfamiliar people by: \_\_\_\_\_

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When upset, will let you know by: \_\_\_\_\_

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Indicates choice by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SELF HELP SKILLS**

**Toileting**

Independent when using the bathroom?      Yes                  No

If not, what assistance is needed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dressing**

Independent dressing?      Yes                  No

If not, what assistance is needed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bathing**

Prefers:      Shower                  Bathtub

Special considerations/assistance needs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe teeth brushing routine: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Feeding/Eating/Diet needs**

Appetite is:                    Good                    Fair                    Poor

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child eat independently? Drink independently? Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Favorite foods: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will not eat these foods: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should not eat these foods: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SLEEP**

Usually sleeps all night:                    Yes                    No

If not, what happens when s/he wakes up? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does s/he have a bedtime routine? Please describe or attach a sheet with his/her routine: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SAFETY SKILLS**

At present, will go to adult when hurt or sick:                      Yes                      No                      Sometimes

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tolerance for pain is:                      High                      Average                      Low

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At present, recognizes obvious dangers, such as cars in street, hot stove, or heights:                      Yes                      No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Carries identification?                      Yes                      No

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can read functional words?                      Yes                      No

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can tell time?                      Yes                      No

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Carries own money?                      Yes                      No

Explain: \_\_\_\_\_  
\_\_\_\_\_

Can ride a bike?                      Yes                      No

Describe: \_\_\_\_\_  
\_\_\_\_\_

Enjoys swimming?                      Yes                      No

Describe pool activities: \_\_\_\_\_  
\_\_\_\_\_

Can swim in deep water safely?                      Yes                      No

Explain: \_\_\_\_\_  
\_\_\_\_\_

**BEHAVIOR ISSUES AND SUPPORTS**

What are the sensory interests/needs of your son/daughter?

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What sensory activities are calming for him/her? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What sensory inputs overly excite or upset your son/daughter? How does s/he react?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What can upset your son/daughter? \_\_\_\_\_  
\_\_\_\_\_

Describe intervention(s) (Attach Behavior Plan if appropriate): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Self-calming behaviors. Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavioral supports in place (e.g., routine charts/checklists, timers, reinforcing/motivating/highly preferred items and activities). Describe or attach information:  
\_\_\_\_\_  
\_\_\_\_\_

Will s/he run out of house or wander?                      Yes                      No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will s/he hit or injure self or others?                      Yes                      No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**OTHER INFORMATION:**

If needed, provide a typical daily schedule for your son/daughter, and attach it to these sheets.

List and describe additional difficult behavior(s) and how to handle, and/or provide a behavior plan. If there is a formal behavior plan in place, attach it to these sheets.

List anything else that you feel is important to know about your son/daughter. For example, in what type of environment or setting is your child most successful? What are your son/daughter's strengths?