

**Child's Disability** \_\_\_\_\_

**Approx Mental Age** \_\_\_ **Functional Age** \_\_\_ **Height** \_\_\_ **Weight** \_\_\_\_\_

**Vision** \_\_\_ **Normal** \_\_\_ **Partial Loss** \_\_\_ **Total Loss** \_\_\_\_\_ **Legally Blind**  
\_\_\_ **Glasses** \_\_\_\_\_ **Other** \_\_\_\_\_

**Hearing** \_\_\_ **Normal** \_\_\_ **Mild** \_\_\_ **Moderate** \_\_\_ **Severe** \_\_\_ **Total loss**

**Speech** \_\_\_ **Normal** \_\_\_ **Mild** \_\_\_ **Moderate** \_\_\_ **Severe** \_\_\_ **Non-Verbal**

**Communication** \_\_\_ **Normal** \_\_\_ **sign language** \_\_\_ **communication**  
**board** \_\_\_ **gestures** \_\_\_\_\_ **Other** \_\_\_\_\_

**Would you anticipate your child needing medication during the day**  
\_\_\_ **yes** \_\_\_ **no**

**Does your child need assistance with** \_\_\_\_\_ **dressing** \_\_\_\_\_ **feeding**  
\_\_\_\_\_ **toileting** \_\_\_\_\_ **washing hands** \_\_\_\_\_ **mobility or transfers**

**Further explanations** \_\_\_\_\_

**If your child experiences seizures, please give details concerning**  
**frequency and control methods** \_\_\_\_\_

**Does your child have fears or phobias especially in public?**  
\_\_\_\_\_

**Are there sensory difficulties? Please describe** \_\_\_\_\_  
\_\_\_\_\_

**Are there behaviors we need to be aware of?** \_\_\_\_\_  
\_\_\_\_\_

**What does your child like or dislike?** \_\_\_\_\_

**Does your child require additional devices for transportation**  
\_\_\_\_\_