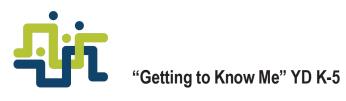


"Getting to Know Me" YD K-5



| | Child's Name | | |
|-----------------|--|---|---|
| | D.O.B | | Date |
| • | _ | etter so that we can provide t you. Tell us more about you | the best possible educational experience. ir child. |
| 1. What are yo | ur child's favorite/lea | st favorite toys/activities/rev | vards? |
| Least Favo | orite | | Favorite |
| | your child and what | | |
| Calms | | | Upsets |
| Strengths | ur child's strengths | - | Challenges |
| 4. How does y | our child communica | te? | |
| | vocalizations [| Through gestures (i.e., poin With communication device | |
| 5. What service | s does your child rec | eive? | |
| ☐ Ment | ch/Language Therapy al Health Counseling our service provider to | Occupational The | □ Physical Therapy erapy □ None Yes □ No (Signed authorization form required) |
| 6. Does your ch | ild require assistive o | devices or equipment? (i.e., l | praces, walker, wheelchair, communication device, insulin, nebulizer) |
| □ Yes □ I | No If yes, please descr | ibe | |





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|------------------------|
| THE TAKE CHILDREN'S |
| TRUST |

| Child | 's Name |
|--|---|
| D.O.E | 3Date |
| | child has a hearing or vision problem? |
| 8. Which statement be | st describes your child's ability to move from one activity to another? |
| • | from one activity to another Needs assistance to move from one activity to another |
| 9. Does your child play | /interact best (please check all that apply): |
| | With another child ☐ Small group ☐ Large group ☐ Outdoors ☐ With adults ☐ Additional comments: |
| 10. Do any of the follow | ing bother your child? |
| ☐ Noise☐ Smells | ☐ Texture (i.e., sand, water) ☐ Lights ☐ Touch (i.e., hugs) ☐ Other |
| - | nder, run away or bolt? |
| 12. Is your child able to | do the following activities by him/herself? |
| Eat | ☐ Yes ☐ No Walk/move about ☐ Yes ☐ No ☐ Yes ☐ No Wash his/her hands ☐ Yes ☐ No cribe what assistance is needed: |
| 13. Does your child take Medication side effects st | medication? |
| Is there anything else yo | ou would like to share about your child (i.e., allergies, diet, seizures, nosebleeds)? |
| | |