

Parent Questionnaire

Child's Name _____ Interviewee _____

Does your child receive special education services at school or in the community? Yes No

If yes, please list service agencies and services. _____

Physical In general, how would you characterize the following as they relate to your child?

Vision: typical impaired blind

Hearing: typical impaired deaf uses hearing aid

Gross Motor: head control sits crawls walks with assistance walks independently

Fine Motor: typical delayed impaired

Ambulatory Aids: walker crutches braces wheelchair

Other Medical Devices Used: _____

Other Physical Needs: _____

Allergies (medications, food, other): _____

How can we best meet your child's physical needs? _____

Toileting

Frequency/Schedule: _____

Toilets: independently with assistance **Toileting Aids:** none diapers/pull-ups cathet

How does your child tell someone that he or she needs to use the restroom? _____

Behavioral Please check all that apply to your child.

- | | | |
|--|--|---|
| <input type="checkbox"/> shy | <input type="checkbox"/> plays well alone | <input type="checkbox"/> sometimes hits, bites, or hurts self or others (please explain) |
| <input type="checkbox"/> outgoing | <input type="checkbox"/> plays well in groups | _____ |
| <input type="checkbox"/> enjoys peer interactions | <input type="checkbox"/> adapts well to change | _____ |
| <input type="checkbox"/> enjoys interactions with adults | <input type="checkbox"/> responds well to gentle correction | <input type="checkbox"/> is comfortable when away from family members or in a new setting |
| <input type="checkbox"/> likes to share | <input type="checkbox"/> sometimes attempts to run away | <input type="checkbox"/> has some separation anxiety (please explain) |
| <input type="checkbox"/> can concentrate for typical periods of time | <input type="checkbox"/> is generally gentle with people and objects | _____ |
| <input type="checkbox"/> can sit with a large group | <input type="checkbox"/> is sometimes destructive | _____ |
| <input type="checkbox"/> can follow verbal directions | <input type="checkbox"/> sometimes threatens others | _____ |

What are your child's main interests or favorite activities? _____

What brings your child joy? _____

What makes your child upset or sad? _____

How is your child best comforted when upset? _____

How can we best meet your child's behavioral needs? _____

Parent Signature _____

Date _____

Enrollment Form

I. BASIC INFORMATION

Child's Name _____ Nickname _____
Gender M F Birthdate _____ Age _____ Grade, if applicable _____
Child lives with _____
Child's Address _____
Father's/Guardian's Name _____ Mother's/Guardian's Name _____
Cell Phone _____ Cell Phone _____
Address _____ Address _____
E-mail _____ E-mail _____

II. EMERGENCY CONTACTS

In case of emergency, the following persons are authorized to pick up the child. Identification is required for the child to be released.

Name _____	Name _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Address _____	Address _____
Relationship _____	Relationship _____

Please give all relevant contact information to be used in case of a medical emergency:

III. GENERAL STATUS AND NEEDS

Has your child been officially diagnosed with any medical, genetic, cognitive, developmental, or communication conditions or disorders that will impact his or her ability to learn or to participate in classroom activities or Mass? Yes No

If yes, please describe: _____

If your child receives special education services at school, which type of classroom does he or she participate in? This will help us plan for your child's religious education classroom needs. Please check all that apply.

- general education classroom all the time general education classroom part of the time
 resource room some of the time separate classroom for students with disabilities has a classroom aide

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