

# Special Needs Information Sheet

## Child Information Sheet

Child's Name	
Parent's (Guardian's) Name	
Street Address	
City, State	
Home Phone	
Cell Phone	
Email Address	

### Child's Co-op Class Schedule

	Subject	Teacher
1 <sup>st</sup> Hour		
2 <sup>nd</sup> Hour		
3 <sup>rd</sup> Hour		
4 <sup>th</sup> Hour		

### Parent(s)/Guardian(s) location during

	Subject	Teacher
1 <sup>st</sup> Hour		
2 <sup>nd</sup> Hour		
3 <sup>rd</sup> Hour		
4 <sup>th</sup> Hour		

**Specific Needs:** Place a check mark beside the specific needs of your child in a co-op class.

- Help with reading
- Help with writing
- Help with cutting or other fine motor skills
- Adaptations related to vision
- Adaptations related to hearing
- Adaptations related to understanding language
- Special equipment
- An individual to help
- Other \_\_\_\_\_

**Medical Conditions:** Place a check mark beside any of the following conditions your child has:

- Allergic reactions. List: \_\_\_\_\_
- Seizures
- Other \_\_\_\_\_
- Medications: \_\_\_\_\_
- Please feel free to give detailed description \_\_\_\_\_

Child's name		Date	
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Check any applicable information that might be helpful for volunteers/teachers to best minister to your child

- Short attention span/easily distracted
- Temper tantrums
- Aggressive behavior
- Difficulty with changes in routine
- Shyness
- Difficulty following directions
- Difficulty with fine motor (cutting, pasting)
- Special bathroom needs (Explain: \_\_\_\_\_)
- Difficulty completing activities
- Needs visual presentations
- Cannot read
- Difficulty sitting in group
- Issues with separation anxiety
- Tends to run (leaves classroom without permission; wanders)
- Tends to be possessive
- Other: \_\_\_\_\_

Things my child does well: \_\_\_\_\_

Things that are hard for my child to do: \_\_\_\_\_

Helpful suggestions about my child \_\_\_\_\_

If your child is having a difficult time, at what point do you want to be notified? \_\_\_\_\_

Any additional information that would be helpful to people working with your child.

Permission/Authorization Agreement:

- I have fully disclosed all pertinent information about my child's special needs and accept full responsibility for missing information.
- I will supply special food, drinks, snacks, diapers/wipes for child as necessary.
- I do hereby release Creekside Academy Learning Cooperative and its representatives of any liability due to accident or injury incurred by my child.

Parent's Signature: \_\_\_\_\_