

ALL ABOUT ME

FIRST NAME OF CHILD

Parent/Guardian _____

Home# _____

Work# _____

Address: _____

Zip Code _____

MY CHILD HAS SPECIAL NEEDS: YES ___ NO ___

IF YOUR CHILD HAS A IEP/IFSP WE ARE REQUESTING YOU PROVIDE US WITH A COPY SO WE CAN BEST MEET YOUR CHILD'S NEEDS

MY CHILD'S SPECIAL NEEDS

ARE: _____

THINGS MY CHILD DOES

WELL: _____

THINGS MY CHILD

LIKES: _____

THINGS MY CHILD

DISLIKES: _____

THINGS I AM WORKING ON WITH MY

CHILD: _____

MY CHILD ENJOYS THE FOLLOWING
ACTIVITIES: _____

MY CHILD HAS DIFFICULTY WITH THESE
ACTIVITIES: _____

ALL ABOUT ME _____

(CHILD'S FIRST NAME)

MY CHILD MAY NEED HELP IN THIS/THESE
AREA(S): _____

MY CHILD IS ALLERGIC TO THE
FOLLOWING: _____

SIGNATURE _____ DATE _____

PROVIDER _____ DATE _____