



Participant Background

This form is used to help our staff become familiar with your child and family. Please be specific and complete in your responses.

Family Information

Full names of parent(s)/guardian(s):

Address:

City:

State:

Zip:

Home phone:

Cell phone:

Email address:

Participant Information

Full name:

DOB:

Age:

Diagnosis:

School (if applicable):

Phone:

Name of primary teacher:

Special Ed program:

Does the participant have a full-time or part-time paraprofessional during the day? Yes No

What do you hope for the participant (and family) by attending Nantucket S.T.A.R. programs?

In detail, please describe the participant's strengths and abilities (e.g.- movement, speech/language delay, daily living skills, social skills, etc.)

Is there anything else you would like us to know about the participant and/or your family that would be helpful for us to know?