

## Special Needs Questionnaire

Completion of this form allows us to determine if any specialized care is needed while your child is attending our program. Depending on your child's needs, additional paperwork and an assessment meeting with the staff may be required prior to your child's start date. This is to ensure that the best accommodations are provided. Failure to give detailed information identifying such causes for any special care, accommodations or supervision, may jeopardize the placement of or continued service for your child. Complete each section to the best of your knowledge. Place "N/A" (Not Applicable) in any section that does not pertain to your child's current state of physical, developmental, social or mental health.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Does your child have any difficulty feeding themselves?  Yes  No

At what age did your child begin walking? \_\_\_\_\_

When did your child start to speak words? \_\_\_\_\_

Is your child fully potty trained?  Yes  No

If yes, what age was your child when s/he became fully potty trained? \_\_\_\_\_

Does your child need help while using the bathroom?  Yes  No

Does your child dress themselves properly?  Yes  No

Does your child have any health, physical, developmental, social, or mental special needs?

Yes  No

If yes, please describe the following:

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Does your child have any allergies – including drug and food sensitivities?  Yes  No

If yes, please list the following:

1. \_\_\_\_\_ Diagnosed by a physician?  Yes  No Year detected: \_\_\_\_\_
2. \_\_\_\_\_ Diagnosed by a physician?  Yes  No Year detected: \_\_\_\_\_
3. \_\_\_\_\_ Diagnosed by a physician?  Yes  No Year detected: \_\_\_\_\_

(Turn over to page 2)

Complete this section for any emergency medication or device that will need to be contained at preschool. Check all that is needed:

Epi Pen  Epi Pen with Benadryl  Benadryl  Inhaler  Nebulizer  Other: \_\_\_\_\_

Is your child under the care of a physician for any condition?  Yes  No If yes, name condition:

\_\_\_\_\_

Does your child have any challenges with language, motor skills, vision, or cognitive skills?

Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child require any specialized medical or safety equipment to be used any time during the day?

Yes  No If yes, name equipment: \_\_\_\_\_

How often is the equipment used during the daytime? \_\_\_\_\_

\_\_\_\_\_

Does your child receive any specialized services? (I.e. One – on – one Para; physical therapy; speech therapy; Occupational therapy; Nursing service)  Yes  No If yes, how often? \_\_\_\_\_

If yes, name the program or individuals who provide the service. \_\_\_\_\_

Complete this section if your child has been diagnosed with the following disorders. Check all that apply:

Attention – Deficit/Hyperactivity Disorder (ADHD)

Autism Spectrum Disorder (ASD)

Anxiety Disorder

Mood Disorder

Do you have concerns about your child's health that you have NOT spoken with a specialist about?

Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Applicants with a disability who would like to request accommodations should identify themselves early in the application process. Documentation from a qualified professional is required and should either be enclosed with this application or sent directly to the Admissions Office. Auxiliary aids and services may be available on request, possibly at parent expense, if the applicant has a disability and would like accommodation in the admission process. Please explain here (and provide documentation):