

Real Life Kids

Special Needs - Eagles Nest



Please answer the following questions regarding your child and/or your family. These questions are asked for the benefit of your child so that we may provide the best experience and safest environment for everyone involved. Real Life Ministries and those that volunteer in the Real Life Kids Special Needs (Eagles Nest) respect your family's right to privacy. Any information shared on this form is communicated directly with those caring for your child.

Please Print

Child's Name: _____ DOB: _____
Age: _____

Parent(s) Name: _____

Person(s) allowed to pick up your child: _____

Person(s) **NOT** allowed to pick up your child: _____

E-mail: _____ Cell: _____ Home Phone: _____

E-mail: _____ Cell: _____

DIAGNOSIS, MEDICAL CONDITIONS OR LEARNING DIFFERENCE:

ALLERGIES: (please list)

FOOD SENSITIVITIES/RESTRICTIONS:

Eats by: Mouth _____ Tube _____ (please leave detailed instructions on back of form)
NPO? Yes _____ No _____ (if yes, please leave detailed instructions on back of form)

Please check any that apply to your child that leaders/volunteers will find helpful.

PRIMARY COMMUNICATION: Verbal _____ Non Verbal _____ Sign Language _____ (please list on back of form)

_____ Seizures	_____ Trouble sitting in group	_____ Difficulty in social settings
_____ Aggressive behavior	_____ Tends to be possessive	_____ Following directions
_____ Changes in routine	_____ Tantrums/melt-downs	_____ Fine motor skills (cutting/pasting)
_____ Separation anxiety	_____ Hearing challenges	_____ Leaves classroom without permission
_____ Shyness	_____ Aversion to water, lights, masks, etc.	_____ Short attention span/easily distracted

SPECIAL BATHROOM NEEDS:

OTHER CONCERNS YOU WOULD LIKE TO SHARE ABOUT YOUR CHILD:

Triggers (Behavioral/Non Behavioral):

Reward Likes/Dislikes:

Sensory Likes/Dislikes:

Likes to Play with Other/Prefers Alone:

Catch phrases used at home: (for calming or redirecting)
