



Special Kare for Special Kids

Tell us about your child:

Child's Name: _____ Age: _____ Date of Birth: _____

Does your child have any special needs? _____

Does your child have any known allergies? (Yes or No) Please list _____

Does your child take any medications regularly? (Yes or No) Please list _____

Does your child have seizures? _____

What things trigger seizures in your child? (bright lights, water, noises) _____

Signs before seizures _____

Behavior after seizures _____

Does your child receive any therapies? _____

Behavioral Plans/Modifications:

Is your child currently using any behavior modifications? _____

If so, please explain what and in detail how you use it at home.

Do you use positive reinforcement through rewards? _____

What discipline do you use? _____

Daily Needs of Your Child

Are there certain toys that your child shows a particular interest in?

Does your child have any fear of noises, certain toys, etc. that we need to be aware of?

Is your child:

--Using Diapers, Potty Training, or using the Potty? _____

--Drinking from a Bottle, Sippy Cup, or Straw? _____

--Eating solid foods (crackers, etc.)? _____

How mobile is your child?

Can he/she: (please answer yes or no)

Sit with assistance _____ Sit alone _____ Scoot on stomach _____

Crawl _____ Walk with assistance _____ Walk alone _____