

# Come Share With Us.

## Health Needs:

Is your child on continual medication? If YES what: \_\_\_\_\_  
In what way does medication affect behaviour? \_\_\_\_\_

Please list allergies: \_\_\_\_\_  
Does your child wear glasses, hearing aid, tubes in ears, brace, etc.? If YES please explain. \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ When? \_\_\_\_\_  
Does your child have any special words for toilet routine? \_\_\_\_\_

Please check if your child has had any of the following communicable diseases.

- |                                      |                                         |                                                      |
|--------------------------------------|-----------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Red Measles | <input type="checkbox"/> Hepatitis      | <input type="checkbox"/> German Measles<br>(Rubella) |
| <input type="checkbox"/> Mumps       | <input type="checkbox"/> Whooping Cough |                                                      |

Is there any present health problems? \_\_\_\_\_

## Social & Emotional Needs:

When did your child start using words? \_\_\_\_\_  
Does your child attend any speech therapy? If YES please explain and give us any goals. \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Second language: \_\_\_\_\_

Custody arrangements: \_\_\_\_\_

Does your child have any fears: \_\_\_\_\_

How does your child react to separation: \_\_\_\_\_

Does your child have any habits? i.e. thumb sucking, temper tantrums etc. \_\_\_\_\_

How does your child react to change: \_\_\_\_\_

How does your child react to frustration: \_\_\_\_\_

Briefly describe your child's personality: \_\_\_\_\_

Is there anything else you would like to share with us about your child and their needs? \_\_\_\_\_