Student Profile – Special Needs 2011

Student's Name: **Date:**

Physical/Medical:

What is your child's disability?

What is the level of involvement of your child's disability? ☐ Mild ☐ Moderate ☐ Severe
Comments:

Does your child know his/her diagnosis? ☐ Yes ☐ No
Comments:

Does your child have any fine or gross motor skills limitations?

Does your child have any special handling for movement difficulties?

Is your child on a medication or toileting schedule that might conflict with program schedules?
Comments:

Social Skills:

Please tell us about how your child communicates: ☐verbal ☐communication device ☐picture board ☐sign language
Comments:

Using this communication system, can your child put together 4 or more words independently? ☐ Yes ☐ No
Is your child able to listen and follow directions appropriately? ☐ Yes ☐ No
How would you describe the degree of difficulty in communicating?

Does your child use any special equipment to assist with communication, mobility or other needs? ☐ Yes ☐ No
Comments:

Are there physical, medical, sensory or behavioral concerns that we should be aware of? (non-compliance, hitting self or others, tantrums, self-stimulatory behaviors) Please give us information on the best way to avoid and deal with those issues.

Is your child currently on a behavior management plan? ☐ Yes ☐ No
Comments:

What types of reinforcements and/or rewards work best to keep your child motivated?

Please describe your child's attention span:

Please describe your child's comprehension and retention skills:

Does your child have any fears or anxieties we should be aware of?

Please let us know anything else you think is important to know about your child. Feel free to send along a copy of your child's IEP for additional information.

What are your goals for your child in this program?

Why would your child like to participate in this program?

In consideration of my registration, I, intending to be legally bound, do hereby for myself, my child, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for which I or my individually or collectively for any and all injuries suffered by me or my child at or during classes or performance. We understand there will be no refunds unless Center cancels the class or camp. In the Company of Kids Creative Arts Center, LLC reserves the right to make changes in programs, schedules, and instructors, and to cancel classes/camps due to insufficient enrollment. The Center also reserves the right to refuse and or cancel the registration of a disruptive student. Tuition for classes, camps, etc. are non-refundable. Photos and Videos may be taken of students for website, newspapers, ads, etc. I have read, understand, and agree to the Center's Policies as explained above.

Signature:_____ Date:_____