

Getting to Know My Child -1

NAME:

BIRTH DATE:

ABOUT MY CHILD

MY CHILD'S DISGNOSIS: (diagnoses)

CHILD'S PHOTO

MY CHILD'S STRENGTHS: (things that are easy)

MY CHILD'S CHALLENGES: (communication, feeding, learning, mobility, social, energy, behavior))

MY CHILD'S LEARNS BEST BY:

THINGS I'D LIKE YOU TO KNOW ABOUT MY CHILD:

WAYS YOU CAN BE HELPFUL TO MY CHILD:

Getting to Know My Child CONTINUED

MY CHILD'S CURRENT MEDICAL INFORMATION:

OVERALL HEALTH

CURRENT MEDICINES/DOSES

ALLERGIES:

THINGS TO AVOID:

EQUIPMENT/ASSISTIVE TECHNOLOGY:

(braces/orthotics, walker, wheelchair, communication device, home O2, insuline pump, nebulizer, suction)

MY CHILD'S HOME & FAMILY:

MY CHILD'S LIFE IN THE COMMUNITY: (school, childcare, place of worship, favorite places)

Emergency Names & Numbers

Name		Work Phone	
		Home Phone	
Address		Cell Phone	
		Beeper	

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Notes