

# Getting to Know My Child -1

**NAME:**

**BIRTH DATE:**

**ABOUT MY CHILD**

**MY CHILD'S DIAGNOSIS: (diagnosed with)**

**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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		Home Phone	
Address		Cell Phone	
		Beeper	

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## Notes