



3. Does your child have asthma or allergies? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please describe: \_\_\_\_\_

Is an epipen or inhaler used? Yes: \_\_\_\_\_ No: \_\_\_\_\_

4. Does your child use any aids? (e.g. wheelchair, braces, etc?)  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

5. Describe your child's form of communication (check all that apply):

- |                       |                      |
|-----------------------|----------------------|
| _____ Bliss board     | _____ Unclear speech |
| _____ Pictorial books | _____ Clear speech   |
| _____ ASL             | _____ Phrases        |
| _____ Sounds          | _____ Sentences      |
| _____ Gestures        | _____ Other          |

Comments on your child's communication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Does your child have any vision or hearing challenges? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Describe: \_\_\_\_\_

7. Does your child follow a special diet? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please describe: \_\_\_\_\_

\_\_\_\_\_

Food likes/dislikes: \_\_\_\_\_

\_\_\_\_\_

8. Does your child need any assistance with personal care (i.e. toileting)?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

9. Behaviour: (check all that apply):

\_\_\_\_\_ Shy

\_\_\_\_\_ Overactive

\_\_\_\_\_ Friendly

\_\_\_\_\_ Cooperative

\_\_\_\_\_ Outgoing

\_\_\_\_\_ Uncooperative

\_\_\_\_\_ Lethargic

\_\_\_\_\_ Aggressive

\_\_\_\_\_ Quiet, active

\_\_\_\_\_ "Runner"

Does your child have any sensory issues? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please describe: \_\_\_\_\_

\_\_\_\_\_

Does your child have any challenging behaviours? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please describe these behaviours and how you handle them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Please describe your child's most fundamental likes, dislikes, interests and fears:

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Thank you for taking the time to fill out this form. Any additional information you can give us that would ensure that your child's summer school experience is happy and positive, would be appreciated. Please feel free to send us an email ([aloebus@yahoo.com](mailto:aloebus@yahoo.com)) if necessary.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone contact information:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Work: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_