

Special Needs Information and Care

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is child under care of any specialist?                      Yes                      No

Type of care being received:                      Speech Therapy  
   Physical Therapy  
   Psychological Counseling  
   Social Worker  
   Physician/Allergist  
   Other \_\_\_\_\_

Reason for seeking specialized care:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnosis:  
\_\_\_\_\_  
\_\_\_\_\_

Treatment (including specific strategies for dealing with special needs):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the child is to receive treatments during his/her scheduled hours, how and by whom is this treatment to be administered?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any symptoms, indications, cues or possible problems relating to child's condition or treatment that we should look for or be aware of?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of physician/specialist: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's acknowledgement: \_\_\_\_\_ Date: \_\_\_\_\_