

## Special Needs

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| <b>Student's Name:</b>   | <b>Date:</b> |
| <b>Physical/Medical:</b>   |              |
| What is the student's disability?  |              |
| What is the level of involvement of disability? <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe  |              |
| Comments:  |              |
| Do they know his/her diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No   |              |
| Comments:  |              |
| Do they have any fine or gross motor skills limitations?   |              |
| Do they have any special handling or movement difficulties?  |              |
| Are they on a medication or toileting schedule that might conflict with program schedules?   |              |
| Comments:  |              |
| <b>Social Skills:</b>  |              |
| Please tell us how they communicate: <input type="checkbox"/> verbal <input type="checkbox"/> communication device <input type="checkbox"/> picture board <input type="checkbox"/> sign language   |              |
| Comments:  |              |
| Using this communication system, can they put together 4 or more words independently? <input type="checkbox"/> Yes <input type="checkbox"/> No   |              |
| Are they able to listen and follow directions appropriately? <input type="checkbox"/> Yes <input type="checkbox"/> No  |              |
| How would you describe the degree of difficulty in communicating?  |              |
| Do they use any special equipment to assist with communication, mobility or other needs? <input type="checkbox"/> Yes <input type="checkbox"/> 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 the student currently on a behavior management plan? <input type="checkbox"/> Yes <input type="checkbox"/> No   |              |
| Comments:  |              |
| What types of reinforcements and/or rewards work best to keep them motivated?  |              |
| Please describe their attention span:  |              |
| Please describe the student's comprehension and retention skills:  |              |
| Do they have any fears or anxieties we should be aware of?   |              |
| Anything else you think is important to know about this student. Feel free to send along a copy of student's IEP for additional information.   |              |
| What are your goals for them in this program?  |              |
| Why would they like to participate in this program?  |              |