



Student Profile - Special Needs

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| Student's Name: | Date: |
| What is your child's disability? | |
| What is the level of involvement of your child? <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe Comments: | |
| Does your child know his or her diagnosis? <input type="radio"/> Yes <input type="radio"/> No Comments: | |
| Does your child have any fine or gross motor limitations? <i>(Please Explain)</i> | |
| Does your child require any special handling for movement difficulties? <i>(Please Explain)</i> | |
| Is your child on a medication or toileting schedule that might conflict with programs schedules? <i>(Please Explain)</i> | |
| Please tell us about how your child communicates: <input type="radio"/> Verbal <input type="radio"/> Communication Device <input type="radio"/> Picture Board <input type="radio"/> Signing Comments: | |
| Using this communication system, can your child put together 4 or more words independently? <input type="radio"/> Yes <input type="radio"/> No Is your child able to listen and follow directions appropriately? <input type="radio"/> Yes <input type="radio"/> No How would you describe the degree of difficulty of communicating? | |
| Does your child use any special any special equipment to assist with mobility or other needs? <input type="radio"/> Yes <input type="radio"/> No Comments: | |
| Are there physical, medical, sensory or behavioral concerns that we should be aware of? <input type="radio"/> Self-stimulatory Behaviors <input type="radio"/> Non-compliance <input type="radio"/> Hitting self or others <input type="radio"/> Tantrums <input type="radio"/> Others _____ Please give us information on the best way to avoid and/or deal with those issues. | |
| Is your child currently on a behavior management plan? <input type="radio"/> Yes <input type="radio"/> No Comments: | |
| What types of reinforcements and/or rewards work best to keep your child motivated? | |
| Please describe your child's attention span: | |

Please describe your child's comprehension and retention skills:

Does your child have any anxieties we should be aware of?

Please let us know anything else you think is important to know about your child. Feel free to send along a copy of your child's IEP for additional information.

Why would you like your child to participate in this program?

Do you have any concerns about your child participating in the performing arts program that you would like to share with us?