

Needs Assessment Questionnaire

Child's Name _____ Age _____ Grade Level _____

Birthdate _____ Gender _____ Home Phone _____

Parent / Guardian's Name(s) _____

Address _____ City _____ Zip _____

Any medical or health problems that the 4th "R" needs to be aware of? _____

Seizures (type and frequency)? _____

Any physical limitations? _____

Food allergies or diet restrictions? _____

Unusual behavior / actions (wanders, tantrums, emotional, acting out...)? _____

Can your child express themselves clearly so others are able to understand them? _____

If you answered no the above question, how does he/she communicate? _____

Are there any bathroom considerations to be aware of? _____

If a female, can she take care of personal needs during her menstrual cycle? _____

How does your child enter into group situations? _____

How does your child react to change and new situations? _____

What techniques are effective when your child is upset? _____

Any other information that you feel would be helpful or anything you would like to add about your child?

