

CHILD INFORMATION FORM FOR THE FINDING THE PIECES SUMMER CAMP 2017 - BIDDEFORD, MAINE

PLEASE FILL OUT THIS FORM AS BEST YOU CAN SO THAT STAFF CAN BEST PROVIDE FOR YOUR CHILD

NOTE: THIS APPLICATION IS DUE MAY 26, 2017

E-mail Completed Application to:

FindingThePieces@biddefordmaine.org

or mail to:

Robert Quattrone

205 Main Street

Biddeford, ME 04005

Child's Name:

Date of Birth:

Age:

Primary Address:

Current School:

1. Does your child have any other diagnosis than autism (please list)? YES NO
2. Does your child have seizures? YES NO
a) How frequent? b) When was last one?
c) What meds is your child on? (please list)
3. How does your child communicate? (please check all that apply)
- | | | | |
|--------------------------------------|---------------|-----------------|--------|
| picture symbols | sign language | gestures | verbal |
| words/phrases | sentences | other (explain) | |
| augmentative communication (explain) | | | |
4. Has your child displayed any of these behaviors **in the past year**? (please check all that apply)
- | | |
|--------------------------------|---------------------------------|
| tantrums | hits or injuries self or others |
| bolts/wanders/runs away | seems unaware of danger |
| doesn't respond to directions | gets easily overstimulated |
| bites self or others | screams or shouts |
| other behavioral difficulties? | |

Questions?

Please call Robert Quattrone at 207-229-9474

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Finding The Pieces
John F. Kennedy School
64 West Street
Biddeford, Maine

5. Does your child have a specific behavior program?
Please specify and attach data sheet if appropriate: YES NO

6. What are your child's toileting skills?

wears diapers/pull ups
uses bathroom independently
needs adult to assist with toileting

uses bathroom when asked to
needs toileting schedule

How does your child let you know that they need to use the restroom?

Specific instructions:

7. What are your child's eating skills?

child uses a fork
child drinks from a cup independently
child chews and swallows with no problems
child has normal appetite

child uses a spoon
child uses sippy cup

child has limited food preferences

Does your child have any food allergies (Please List Below)? YES NO

Does your child have any diet restrictions?
Please specify: YES NO

Does your child have any food aversions?
Please specify: YES NO

Does your child have any problem behaviors during meals? (throws food, grabs food from others, etc.)

YES NO Please list:

8. What activities does your child like to do?

gross motor: (movement)
fine motor: (table top)
other:

9. What activities does your child dislike?

10. What activities or materials might cause your child to become overstimulated?

11. Does your child have any sensory reactions in the following areas? If yes please specify the behaviors/response below. Sensitive to sound: Sensitive to light: Sensitive to touch: Sensitive to smell: Sensitive to taste: Sensitive to texture:	YES	NO
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12a. When your child is upset or overstimulated, what helps him/her to calm down?

12b. What verbal or behavioral clues indicate your child is becoming upset?

13. What else should your child's provider know about your child?

14. What community activities has your child participated in?

15. How does your child respond to new situations and/or being in community settings?

16. Does your child like animals? Is your child afraid of animals? (please explain)	YES	NO
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17. Does your child have swimming skills? Explain:	YES	NO
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Is your child afraid of water? Explain:	YES	NO
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18. Is your child required to sit in a booster seat? YES NO
Is your child required to sit in a car seat? YES NO

19. Does your child have transportation issues (Explain Below)? YES NO

20. Does your child have any additional needs not covered in this questionnaire? (please explain)

22. What size shirt does your child wear? Child's XL XS S M L
Adult size: S M L XL XXL

23. Additional comments:

PRINT Parent/Guardian Name:

Date:

Phone Number(s):

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