

First Friday Participant – Parent Packet

To be completed for child with disability and siblings one time a year.

Child's Name:

Primary diagnosis:

Child's Birthdate:

Parents' names and phone numbers:

Favorite toy:

Favorite stuffed animal:

Favorite color:

Activity likes:

Fears/dislikes:

Needs encouragement to:

Learns best when:

Participates more when:

Physical needs - vision:

Physical needs - hearing:

Physical needs - motor skills:

Physical needs - toileting skills:

Physical needs - eating habits:

Physical needs - can have water?

Physical needs - allergies:

Communication - communicates with:

Communication - understands what others say:

Communication - behaviors:

Communication - responds to separation from parents by:

Communication - comforted by:

Communication - lets people know needs/wants by:

Medical - Does your child have any medical needs we should be aware of for First Friday?

Medical - Does your child have any history of seizures?