

Date: _____

Last Name: _____

First Name/Nickname: _____

GENERAL INFORMATION

Diagnosis, if applicable: _____

Date of Birth: _____ Age: ____ M F

Primary Caregiver: _____

Relationship: Mother Father Foster

Other: _____

Best Contact Number: _____

Best Time to Contact: _____

SOCIO-CULTURAL

Family's Primary Language: _____

Child's, if different: _____

Dietary Restrictions or Allergies: _____

CURRENT SUPPORTS

IEP/504 Bx Plan/FBA 1:1 Aide/Therapist

Other: _____

NECESSARY SUPPORTS

Ambulatory: _____

Feeding/Eating: _____


Toileting: _____


COMMUNICATION


What does it look like? (i.e. speaking, gestures, hand-leading, modified ASL, etc): _____

How do we identify when your child feels:

 Happy: _____

 Sad: _____

 Frustrated/Angry: _____

 Other (anxious, bored): _____

The following helps my child re-regulate:

taking a walk drink of water physical movement
pressure swing other _____

COMMUNITY

We are a part of a life group. Yes No

Please contact me about joining a life group. Yes No

I give Resource permission to take a picture of my child for the DBCC database.

I give Resource permission to take any necessary actions to ensure the safety of my child.

OTHER NOTES: _____
