

**2015-2016 School Year
Student Information Questionnaire**

Child's Name: _____
DOB: _____

MEDICAL INFORMATION

Please list any medications or supplements that your child is currently taking on a regular basis.

Are there any current medical issues that we should be aware of?

Please list any food or other known allergies:

SNACK PREFERENCES

We use snack time as an opportunity to develop communication and social skills. We try to provide healthy AND interesting or motivating snacks.

List three to four high interest snack foods (please include at least one "healthy option").

1. _____
2. _____
3. _____
4. _____

Two preferred fruits or vegetables.

1. _____
2. _____

Two preferred drinks (milk, juice, etc).

1. _____
2. _____

List any foods that you do not want served to your child?

1. _____
2. _____

List any foods or drinks that you child does not like.

1. _____
2. _____

INDOOR LEISURE

Movies or TV shows that your child enjoys.
Non violent.

- 1. _____
- 2. _____

Three favorite indoor activities other than television or music? For example a favorite toy.

- 1. _____
- 2. _____
- 3. _____

Favorite songs, music or musical group and or books/magazines

- 1. _____
- 2. _____
- 3. _____

OUTDOOR LEISURE

We take the students outside, both to teach new skills and to provide the students with some down time.

Preferred outdoor activities?

- 1. _____
- 2. _____
- 3. _____

What activities does your child like to do in the pool?

- 1. _____
- 2. _____
- 3. _____

What does your child like to look at or do on walks?

- 1. _____
- 2. _____
- 3. _____

Are there any issues we should be aware of when taking your child outdoors?

INTERESTS/HOBBIES

Please list any television, book or cartoon characters that interest your child:

- 1. _____
- 2. _____
- 3. _____

Please list any other hobbies or special interests that you have not mentioned: Like squeezes or rocking chair.

- 1. _____
- 2. _____
- 3. _____

COMMUNITY ACTIVITIES

We will take your child into the community during the school year. We want to take your son or daughter to places that you predict would be FUN and high interest.

Please list three recreational activities that your child enjoys in the community or that you want your child to learn.

- 1. _____
- 2. _____
- 3. _____

Favorite FAST FOOD restaurants and food.

- 1. _____
- 2. _____
- 3. _____

Favorite SIT DOWN restaurants that have "quick" lunch service and food.

- 1. _____
- 2. _____
- 3. _____

RELAXATION OR COPING STRATEGIES

Any known fears or anxieties? What situations might agitate your child? What does this look like?

Please write about your child's relaxation or calming activities? What do you do to help your child calm down?

EMERGENCY CONTACT INFORMATION:

Parent's Name: _____

Daytime Phone: _____ Cell Phone/Pager: _____

Email: _____

Whom should we contact if you are not available?

Name: _____

Phone: _____ Cell Phone/Pager: _____

SCHEDULES and ROUTINES

1. How do you prepare your child for a change in his/her schedule or routine? How does your child respond to unexpected changes?
2. Does your child have trouble leaving an activity? If so, how do you let them know the activity is finished?
3. Are there activities or rewards that you use to motivate your child?
4. How do you tell your child what you expect of him/her?

COMMUNICATION

1. How does your child tell you what he wants or needs?
2. Does your child ask for help and if so, how?

3. How does your child tell you no or refuse something?

4. How does your child express frustration or anger?

5. How does your child indicate that he/she is not feeling well?

INDEPENDENCE AND CHORES

1. Does your child like to help around the house (cleaning, laundry, food preparation)? If so what activities does he/she like to help?

2. Does your child have any chores or responsibilities around the house? If so, what are they?

3. Are there any chores or responsibilities that you would like for your child to learn?

4. When eating, what are your child's skills? (using utensils, pouring, using a napkin, setting the table, etc.) and what skills would you like your child to learn?

5. When using the bathroom what are your child's skills? (pull pants up and down, zipper, button, wiping, using diapers, or independent)

6. When dressing, what are your child's skills? (shirt, socks, pants, belt, zipper, button, etc.) and what skills would you like your child to learn?

LEISURE AND SOCIAL

1. Who lives in your household? Siblings names/ages and pets? Is there a certain person your child is extremely close to/prefers to interact with?

2. Does your child interact with siblings or people his/her age from the neighborhood? Does he/she have a favorite friend/person?

3. Does your child have any activities he/she prefers in the community? If so, what are they?