

Date:	Childs Name:	D.O.B:	Age:	Diagnosis:	School Year Level

My Childs strengths:

My Childs challenges:

General Activities (Open areas, heat, supervision, following instructions):

Swimming times (changing clothes etc.):

Meal times (specific foods & drinks etc.)

Bathroom times:

Routines at home:

Standard Routines at home. Improving and developing.

Specific suggestions for KefKidz environment:

Specific suggestions for most effective way to communicate with my child:

Please attach any relevant information/handouts clearly explaining your child's diagnosis.