

# WHAT MY CHILD NEEDS

Child's Name \_\_\_\_\_

Age \_\_\_\_\_

Date \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

In each of the boxes write some notes about “what it takes” for your child to do the activity listed. Include words you and your child use, equipment needed, special ways for doing things, positioning, etc. This form should be updated and given to providers to help them understand your child.

	My Child's Strengths	My Child's Challenges	<u>What it Takes to Help My Child</u>	
			Equipment	Other
Communicating Talking/Listening				
Thinking and Understanding				
Eating and Drinking				
Toileting				
Resting/Sleeping				
Traveling and Moving Around				

	My Child's Strengths	My Child's Challenges	<u>What it Takes to Help My Child</u>	
			Equipment	Other
Inside Play Time: ~Floor  ~Table  ~Getting toys				
Transition (Moving from one activity to the next)				
Playing with others				
Outside Play Time: ~Getting to the playground  ~Using the equipment				
Fine Motor Activities (cutting, coloring, etc.)				
Large Motor Activities (running, jumping, riding a bike, etc.)				

NOTES: