

Child's Name _____ Gender _____ Date of birth _____

Physical Information:

- 1. Is your child taking medication or on a special diet? _____
- 2. Does your child have any allergies? _____
- 3. Does your child require a prescription medication, inhaler or EpiPen / Auvi-Q?
Yes or No If yes, list medication _____

Please note --- If your child needs a prescription medication to be kept at school, it must be brought to the ECDC Office in the original container labeled from your pharmacy with your child's name, date of prescription and the name of the physician.
(Texas licensing requires this information) Expired medicine will not be accepted

- 4. Does your child have any medical needs or conditions (currently or previously)? [feeding tube, diabetic, special medication, etc.] **Yes or No** If yes, please describe the nature of the medical need or condition: _____

- 5. Has your child suffered any serious illness or injury or been hospitalized within the past year?

- 6. Has your child had: _____ Chicken Pox _____ Measles _____ Mumps
 _____ Frequent ear infections _____ Seizures _____ Tubes in ears

Developmental Information:

- 1. Was your child born premature? **Yes or No** Gestational age _____
- 2. Is your child walking? **Yes or No**
- 3. Has your child undergone any evaluation or testing (Speech, OT, PT, behavior, ECI, medical, school district)? **Yes or No** If yes, please describe the nature of the evaluation or testing:

- 4. Has your child received any kind of therapy in the past twelve months? **Yes or No**
 If yes, please describe the nature of the therapy: _____

- 5. Has your child been identified with any developmental delays or behavioral challenges currently or previously? **Yes or No** If yes, please describe the nature of these needs:

6. Please list the names of any programs or special services that your child is receiving and the names of any contact persons to call. _____

7. Has anyone in the family been diagnosed with dyslexia or a learning disability?
Yes or No If yes, please describe the nature of the diagnosis: _____

8. Do you have any concerns with your child's: _____ hearing _____ vision _____ speech
_____ physical development
If yes, how are you dealing with it? _____

If you have additional concerns that are not mentioned above, please list them here.

If you answered yes to any of the Developmental Information questions, the Director or the Developmental Assessment Coordinator on staff may be contacting you to discuss in full. You may be asked to provide reports and/or assessment information and sign forms to allow our staff to speak to providers. This information is needed to provide the most supportive environment possible for your child.

The following statement summarizes our Inclusion Policy as found in the St. Peter's ECDC Parent Handbook. Please read and initial that you have read and understand this statement, and please see the Parent Handbook for the complete policy.

St. Peter's ECDC will make every effort to include children of all abilities in accordance with the ADA (Americans with Disabilities Act). For children with needs that we feel we are not adequately meeting, we will make suggestions for a professional evaluation, additional services, a shadow provided at the parent's expense, or an alternate school environment. The Director and the Developmental Assessment Coordinator will make the final decision in all cases.

To the best of my knowledge, the above information is accurate and truthful.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

A copy of this form will be placed in your child's Confidential Folder.