



Lifting children from crisis to hope

PARENT SUPPORT PROGRAM  
SERVICE INTAKE

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Ethnicity/ Race \_\_\_\_\_  
Primary Language \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Current Address \_\_\_\_\_  
Marital Status [ ] married [ ] single [ ] divorced [ ] separated [ ] widowed  
SSN \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

Child(ren)

Name	DOB	Sex	Current Residence of children
_____	_____	_____	<input type="checkbox"/> Shelter <input type="checkbox"/> Relative <input type="checkbox"/> Foster Care
_____	_____	_____	<input type="checkbox"/> Biological Home <input type="checkbox"/> Other _____
_____	_____	_____	
_____	_____	_____	

**AUTHORIZATION OF RELEASE OF PROTECTED INFORMATION**

{ } Written Authorization

I \_\_\_\_\_ agree to release information on this form to ChildHaven, Inc. this information is to be used to determine which services are required. I understand that I may cancel this authorization at any time by submitting a **WRITTEN** request to ChildHaven, except where a disclosure has already been made in reliance on my prior authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

{ } Verbal Authorization

Client gave verbal consent over the phone to release information to a ChildHaven Staff member.

Name of person giving verbal consent \_\_\_\_\_

ChildHaven Staff Member \_\_\_\_\_

Signature of ChildHaven Staff Member \_\_\_\_\_

Date: \_\_\_\_\_

Office use only Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Identifying Data

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Name \_\_\_\_\_  
DOB \_\_\_\_\_ Gender: Male / Female  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Race: \_\_\_\_\_ Ethnicity: Hispanic / Non-Hispanic Tribal  
Affiliation \_\_\_\_\_  
Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_  
Have you attended any other parenting classes before? { } YES { } NO  
If so, give details and year attended \_\_\_\_\_  
What is your form of transportation: \_\_\_\_\_  
Is this a reliable form of transportation ( ) YES ( ) NO

Work Information

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{ } Employed F/T      { } Employed P/T      { } Not currently working  
{ } Student          { } on disability      { } Other \_\_\_\_\_

Name of company \_\_\_\_\_  
Title \_\_\_\_\_  
Current Job Schedule \_\_\_\_\_

If Child(ren) is not in the home please fill out contact information for guardian/ caregiver.

- Relative Name \_\_\_\_\_  
Relationship \_\_\_\_\_ { } Maternal { } Paternal  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_
- Foster Parents \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_
- Shelter \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Reason Child(ren) was taken out of the home  
 Circle ALL that apply:

Neglect	Suspected Physical Abuse	Suspected Sexual Abuse	Court Ordered
Abandonment / Run-Away	Drug Related	Alcohol Related	Domestic Violence
Mental Health Issues	Currently under investigation	Child- alcohol or drugs	OTHER:

Other Agencies Involved

Please write in name and contact number

JPO \_\_\_\_\_ Phone \_\_\_\_\_

Social Worker \_\_\_\_\_ Phone \_\_\_\_\_

CYFD investigations \_\_\_\_\_ Phone \_\_\_\_\_

CASA \_\_\_\_\_ Phone \_\_\_\_\_

Tribal Services \_\_\_\_\_ Phone \_\_\_\_\_

CCSS \_\_\_\_\_ Phone \_\_\_\_\_

Childhaven Family Advocate \_\_\_\_\_

Other \_\_\_\_\_

By Signing below you agree that you have advised Childhaven of all questions to the best of your knowledge.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

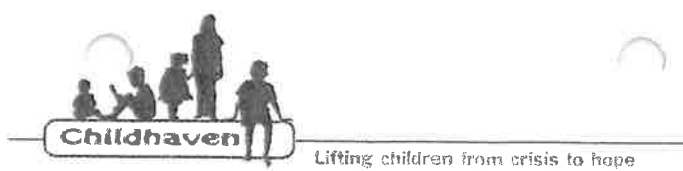
FOR OFFICE USE ONLY:

GROUP CLASSES

ONE-ON-ONE CLASSES

NEEDS TRANSLATION SERVICES

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CHILDHAVEN, INC.  
POLICY AND PROCEDURE  
APPOINTMENT CANCELLATION AND NO SHOW**

The goal of our Parent Support Services program at Childhaven, Inc is to provide support to you and your family which helps you reach your goals. As part of our commitment to you, we strive to fulfill your appointment needs. We ask that you make a commitment by being on-time and present as well as participating during scheduled appointment times. In order to continue to meet your needs, we found that it has become necessary to implement a cancellation/"no-show" policy when clients fail to keep their scheduled appointment.

- \*\* Once a client has three (3) cancellations in a row, the inactive client procedure will be started, leading to client's file being closed.**
- \*\* Once a client has two (2) no show appointments, the inactive client procedure will be started, leading to client's file being closed.**
- \*\* Failure to keep in contact with your parent support worker will result in your file being closed.**

In order to avoid this result:

- If you must miss an appointment, please contact the Parent Support Worker (PSW) at least 24 hours in advance
  - Appointments that are not canceled at least 24 hours in advance are considered "NO SHOWS"
  - For one-on-one session, if located outside Farmington area, PSW will call to confirm appointment, if PSW does not receive call one hour before appointment time or if no response is made, the meeting will be cancelled.
- Exceptions to this policy are emergencies and/or unavoidable circumstances as determined by Childhaven.

Inactive Client Procedure:

- PSW will call and talk about situation and cancellation policy(1<sup>st</sup> attempt)
- If left messages on 1<sup>st</sup> call and no response within the week a second call will be made.( 2<sup>nd</sup> attempt)
- PSW will go by home, if no one there, FSW will leave a note. (3<sup>rd</sup> attempt)
- If no response after 1 week, a letter will be mailed out. a copy will be sent to CYFD PS and/or JPO or other referring agency
- If no response from No Contact Letter, file will be closed.

I, \_\_\_\_\_, have read the above policy and agree to attend my scheduled appointment at Childhaven for Parent Support Program I understand that having "No Show" appointments could cause discontinuation of services, and other involved agencies will be notified.

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Childhaven Staff Signature

\_\_\_\_\_  
Date

**Childhaven's door is always open and individuals will be welcomed back to Childhaven upon return**

Client Name:	DOB:	Date of Admission:
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807 West Apache St.  
Farmington, NM 87401  
PH: 505-325-5358  
FAX: 505-327-1482

**Client Grievance Procedures**

**Client (parent) Name:** \_\_\_\_\_

**Policy:**

The purpose of the Grievance Procedure is to provide our clients with an acceptable means of expressing any complaints or concerns they may have with Childhaven staff, volunteers and/or contractors.

**Procedure:**

If a client disagrees with a staff, volunteer or contractor decision and/or their conduct, there should always be an initial attempt to resolve any disputes between the two parties involved.

If the client does not feel the matter was resolved, the client may submit a written grievance to Childhaven, 807 W. Apache St., Farmington, 87401. All written grievances will be placed in the mailbox of the appropriate Program Supervisor. Within 72 hours of receipt, the Program Supervisor will contact the client to discuss the matter. The Program Supervisor's decision will be in writing, with copies placed in the client's file and sent to the client, no later than 10 working days.

If the Program Supervisor does not satisfy the client's needs, the written grievance will be forwarded to the Chief Executive Officer. The Chief Executive Officer will investigate the complaint and contact the client within 10 working days. The Chief Executive Officer's decision will be in writing, with copies placed in the client's file and sent to the client, no later than 10 working days. The decision of the Chief Executive Officer will be final.

I have read and understand the Client Grievance Procedures.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Signature Date

Client Name: _____	DOB: _____	Date of Admission: _____
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## - Food Allergy Notice -

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Please be advised that the dinner provided for Childhaven's Parent Education Program is not prepared on site and may contain any of the following ingredients:

- Milk / dairy products
- Eggs
- Wheat
- Soybean
- Peanuts
- Fish
- Shellfish
- Other allergens

Clients and family members who choose to participate in the free dinner, that have known food allergies or sensitivity to certain ingredients should exercise food judgment when consuming. Childhaven will not be held responsible. If you would like to bring your own food from home, you may do so, we only ask that you clean up after yourself.

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I have read and understand that I am responsible for me and my family's food allergies and have the option to bring my own food if I feel it necessary. I understand that Childhaven will not be held responsible and I will use food judgment when participating in the Parent Education Program's free dinner.

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Client Signature

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Date

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Staff Signature

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Date



## PARENT EDUCATION PROGRAM

### CONFIDENTIALITY AND RESPECT AGREEMENT

The Parent Education Program strives to help families learn and improve communication skills, nurturing techniques as well as other necessary parenting practices. In order to learn and improve these skills, we must exercise them. Throughout the course of Nurturing Parenting, there may be times that you and your family members are asked to share personal experiences or opinions about certain controversial topics, which you may choose to decline. However, please keep in mind that others in the group also have their chance to be heard and may share opinions that are not linier with your own or talk about difficult personal experiences.

We at Childhaven believe that everyone should be granted the respect and freedom to share their thoughts, beliefs and stories without judgment. Childhaven stands by the confidentiality policy and ask that everyone who participates in the Parent Education Program be mindful of this policy and keeps group discussions in the group, and not share outside of class.

To optimize our group sessions we ask that participants follow these guidelines:

- Turn off/ silence your cell phone during group discussions
- allow each other to speak one at a time
- listen to each other, give the speaker your full attention
- do not make negative comments or snide remarks
- Do not discuss someone's personal stories with others outside the group.
- Respect other's backgrounds, religion, beliefs, and values.
- Do not be confrontational or start an argument.
- Do not intimidate or belittle anyone.

Childhaven reserves the right to refuse or discontinue service to anyone that we deem may have expressed inappropriate behavior and/or broken any of the previous guidelines set forth by the Parenting Education Program.

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Client Signature

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Date





## TRANSPORTATION AGREEMENT

Childhaven's Parent Education Program strives to meet the needs of all parents and caregivers by providing transportation to and from weekly classes when other forms of transportation is not available. In order for Childhaven to better meet your needs we ask that you:

- Call the Friday Before the class before 3:00 PM and schedule a pick up time with designated Childhaven staff member.
- Let the staff know exact number of passengers.
- Provide home address and physical directions if needed.
- Contain all pets away from Childhaven staff in order to maintain safety.
- Be ready at scheduled times for pick up.
- Always wear a seatbelt and assure that your child(ren) are securely fastened at all times.
- Provide your own infant car seat or toddler booster seat
- Clean up after yourself when exiting the vehicle.
- Refrain from smoking (tobacco/ E-Cigs) and chewing Tobacco
- Refrain from Consuming Alcohol
- No food or drinks in the vehicle
- Children may not travel without a parent or guardian.
- If you need to cancel transportation please call Childhaven at least 24 hours before your scheduled pick up time.

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I have read and understand the Transportation Agreement and agree to follow the terms set forth by The Childhaven Parent Education Program. I consent to have Childhaven staff come to my residence and transport me and my approved passengers to and from the Parenting Education Classes.

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Client's Name

Date

**Transportation is a first come first serve basis and seats are limited. Please assure that you make transportation arrangements Friday's before 3:00 PM.**



# Adult-Adolescent Parenting Inventory (AAPI-2)

Stephen J. Bavolek, Ph.D. and Richard G. Keene, Ph.D.

## Test Form A

This test can only be scored online at [assessingparenting.com](http://assessingparenting.com)

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**Before you take the inventory, we need some important information from you.**

1. Administered on: \_\_\_\_\_  
Month Year Date
2. First Name: \_\_\_\_\_
3. Middle Initial (optional): \_\_\_\_\_
4. Last Name: \_\_\_\_\_ Agency Client ID (optional): \_\_\_\_\_
5. Birthday: \_\_\_\_\_  
Month Year Date
6. Gender:  Male  Female
7. Race:  Unknown  White  Black  Asian  Hispanic  Native American  Pacific Islander  
Nationality: \_\_\_\_\_
8. Marital Status:  Unknown  Single  Married  Divorced  Unmarried Partners  
 Separated  Widowed
9. How many children do you have: \_\_\_\_\_
10. What is the highest grade you completed in school:  Unknown  Grade School  7th Grade  8th Grade  
 9th Grade  10th Grade  11th Grade  High School Grad  Some College  College Graduate  
 Post-Graduate or above
11. What is your employment status:  Unknown  Employed Full Time  
 Unemployed  Not Employed because of Disability  
 Employed Part Time  Retired
12. What is your annual household income:  Unknown  \$25,001 - \$40,000  
 Under \$15,000  \$40,001 - \$60,000  
 \$15,001 - \$25,000  Over \$60,000
13. Were you and/or your partner in the military:  Unknown  
 No  
 Yes, both of us  
 Yes, only my partner  
 Yes, only me
14. As a child, did you experience any type of abuse by a person:  
a. Outside your family?  Don't Know  Yes  No  
b. Within your family?  Don't Know  Yes  No

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(800) 688-5822 • (435) 649-5822 (outside the United States) • [fdr@nurturingparenting.com](mailto:fdr@nurturingparenting.com)

[www.assessingparenting.com](http://www.assessingparenting.com)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Uncertain
1. Children need to be allowed freedom to explore their world in safety.	SA	A	D	SD	U
2. Time-out is an effective way to discipline children.	SA	A	D	SD	U
3. Children who are one-year-old should be able to stay away from things that could harm them.	SA	A	D	SD	U
4. Strong-willed children must be taught to mind their parents.	SA	A	D	SD	U
5. The sooner children learn to feed and dress themselves and use the toilet, the better off they will be as adults.	SA	A	D	SD	U
6. Spanking teaches children right from wrong.	SA	A	D	SD	U
7. Babies need to learn how to be considerate of the needs of their mother.	SA	A	D	SD	U
8. Strict discipline is the best way to raise children.	SA	A	D	SD	U
9. Parents who nurture themselves make better parents.	SA	A	D	SD	U
10. Children can learn good discipline without being spanked.	SA	A	D	SD	U
11. Children have a responsibility to please their parents.	SA	A	D	SD	U
12. Good children always obey their parents.	SA	A	D	SD	U
13. In father's absence, the son needs to become the man of the house.	SA	A	D	SD	U
14. A good spanking never hurt anyone.	SA	A	D	SD	U
15. Parents need to push their children to do better.	SA	A	D	SD	U
16. Children should keep their feelings to themselves.	SA	A	D	SD	U
17. Children should be aware of ways to comfort their parents after a hard day's work.	SA	A	D	SD	U
18. Children learn respect through strict discipline.	SA	A	D	SD	U
19. Hitting a child out of love is different than hitting a child out of anger.	SA	A	D	SD	U
20. A good child sleeps through the night.	SA	A	D	SD	U
21. Children should be potty trained when they are ready and not before.	SA	A	D	SD	U

# Nurturing Skills Competency Scale (NSCS)

Stephen J. Bavolek, Ph.D

PLEASE PRINT

Pretest Date: \_\_\_\_\_

Last Name (or ID Number) \_\_\_\_\_

First Name \_\_\_\_\_

Posttest Date: \_\_\_\_\_

Agency Name \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Directions: Please circle or write the correct response as indicated. All information is kept strictly confidential.

## PART A – ABOUT ME

1. Age \_\_\_\_\_ Years
2. Gender a. Male b. Female
3. Marital Status a. Divorced c. Single  
b. Married d. Unmarried Partner
4. Race a. Asian e. Native American  
b. Black f. Pacific Islander  
c. Caucasian g. Other (Specify: \_\_\_\_\_)  
d. Hispanic
5. What is the highest grade you completed in school?  
a. Grade School f. 11<sup>th</sup> Grade  
b. 7<sup>th</sup> Grade g. High School Graduate  
c. 8<sup>th</sup> Grade h. Some College  
d. 9<sup>th</sup> Grade i. College Graduate  
e. 10<sup>th</sup> Grade j. Post Graduate
6. Annual Household Income  
a. Under \$15,000 d. \$40,001 to \$60,000  
b. \$15,001 to \$25,000 e. \$60,001 to \$75,000  
c. \$25,001 to \$40,000 f. Over \$75,000
7. Are you currently employed: a. Yes b. No

## PART B – ABOUT MY CHILDHOOD

1. As a child, did you experience any type of abuse by a person: Outside your family? a. Yes b. No
2. As a child, did you experience any type of abuse by a Person: Inside your family? a. Yes b. No
3. As a child, what was the quality of your relationship with your mother (or mother figure)?  
a. Very Good b. Good c. Okay d. Bad e. Very Bad
4. As a child, what was the quality of your relationship with your father (or father figure)?  
a. Very Good b. Good c. Okay d. Bad e. Very Bad
5. As a child, did you witness any abuse between your parents? a. Yes b. No
6. Do you have now (or have you had in the past) a problem with alcohol and/or other drug abuse? a. Yes b. No

## PART C – ABOUT MY SPOUSE (PARTNER)

1. Does your spouse (partner) have (or had in the past) a problem with alcohol and/or other drug abuse?  
a. Yes b. No
2. Do you think your spouse (or partner) was abused or neglected as a child? a. Yes b. No
3. Has your spouse (or partner) abused or neglected you?  
a. Yes b. No
4. Do you feel you have neglected or abused your spouse (or partner)? a. Yes b. No
5. Please rate the quality of the relationship you have with your spouse (or partner):  
a. Very Good b. Good c. Okay d. Bad e. Very Bad

## PART D – ABOUT MY CHILDREN & FAMILY

1. Have any of your children experienced any type of abuse by a person: Outside your family? a. Yes b. No
2. Have any of your children experienced any type of abuse by a person: Inside your family? a. Yes b. No
3. Do any of your children have now (or had) a problem with alcohol and/or drug abuse? a. Yes b. No
4. Overall, I would rate my parenting skills:  
a. Very Good b. Good c. Okay d. Bad e. Very Bad
5. Overall, the degree of happiness I feel being a parent is:  
a. Very Good b. Good c. Okay d. Bad e. Very Bad
6. Knowing what you know now about being a parent, would you still be a parent if you could do it all over again?  
a. Yes b. Maybe c. No
7. The degree of happiness I feel being a member of my family is:  
a. Very Good b. Good c. Okay d. Bad e. Very Bad

18. Children who have personal power:

- a. Get into power struggles with parents.
- b. Have the ability to make good choices.
- c. Often feel superior to others.
- d. Demand to have things their way.
- e. I'm not sure.

19. Which of the following is a good way to build self worth in children?

- a. Give children opportunities for success.
- b. Provide children with choices and consequences for their behavior.
- c. Encourage children to take responsibility for their own behavior.
- d. All of these are good ways to build self worth.
- e. I'm not sure.

20. Giving children choices early in life teaches them to make wise decisions:

- a. Giving children choices will never get them to do what you want them to do.
- b. Kids can't handle choices. They feel more secure being told what to do.
- c. Choices can help children learn that there are consequences to the decisions they make.
- d. Kids who have choices generally get into power struggles with parents.
- e. I'm not sure.

Total Correct Responses \_\_\_\_\_

Grade \_\_\_\_\_

**PART F - MY UTILIZATION OF NURTURING SKILLS**

Rate how often you practice the following nurturing parenting and nurturing self behaviors.

- 0 = Don't practice the skill at all;
- 1 = Sometimes;
- 2 = Often;
- 3 = Regularly

*How often do I ...*

- |  |   |   |   |   |
|--|---|---|---|---|
| 1. Take the time to nurture myself.                      | 0 | 1 | 2 | 3 |
| 2. Have awareness of my personal strengths.              | 0 | 1 | 2 | 3 |
| 3. Notice my children's feelings.                        | 0 | 1 | 2 | 3 |
| 4. Give my children choices and consequences.            | 0 | 1 | 2 | 3 |
| 5. Have appropriate expectations for my children.        | 0 | 1 | 2 | 3 |
| 6. Hold, rock, play, sing and read to my young children. | 0 | 1 | 2 | 3 |
| 7. Praise my children for "being."                       | 0 | 1 | 2 | 3 |
| 8. Praise my children for "doing."                       | 0 | 1 | 2 | 3 |
| 9. Appropriately manage my stress.                       | 0 | 1 | 2 | 3 |
| 10. Appropriately express my anger.                      | 0 | 1 | 2 | 3 |
| 11. Do things to improve my children's self-worth.       | 0 | 1 | 2 | 3 |
| 12. Have a set of family rules.                          | 0 | 1 | 2 | 3 |
| 13. Use alternatives to spanking.                        | 0 | 1 | 2 | 3 |
| 14. Use rewards to reinforce appropriate behavior.       | 0 | 1 | 2 | 3 |
| 15. Use appropriate consequences as punishments.         | 0 | 1 | 2 | 3 |
| 16. Help my children learn how to manage their behavior. | 0 | 1 | 2 | 3 |
| 17. Teach appropriate morals to my children.             | 0 | 1 | 2 | 3 |
| 18. Find time to get my needs met.                       | 0 | 1 | 2 | 3 |
| 19. Express unconditional love for my children.          | 0 | 1 | 2 | 3 |
| 20. Help my children get their needs met.                | 0 | 1 | 2 | 3 |

Total Points \_\_\_\_\_

Grade \_\_\_\_\_

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

Parent Name: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please check off any accommodations for the child:

- Diaper change
- Assistance in toileting
- Bottle fed (breastmilk)
- Bottle fed (formula)
- Sippy cup needed
- Help with Homework
- Other \_\_\_\_\_
- \_\_\_\_\_

**Medical**

- Has seizure
- Has asthma
- Needs help using inhaler
- Wears glasses
- Wears hearing aids
- Blind
- Deaf
- Has an allergy to \_\_\_\_\_
- Other medical conditions \_\_\_\_\_

**Behavioral**

- Easily upset
- Throws objects when angry
- Temper tantrums (throw self on the floor)
- Has a hard time being away from parent
- Has exhibited sexualized behaviors
- Child's been a danger to self or others
- Has experienced physical abuse
- Impulsive/disruptive behaviors
- Anti-social behavior
- Needs one-on-one supervision
- Other \_\_\_\_\_
- \_\_\_\_\_

**Additional Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent signature

Date

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

Parent Name: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please check off any accommodations for the child:

- Diaper change
- Assistance in toileting
- Bottle fed ( breastmilk)
- Bottle fed ( formula)
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- Other \_\_\_\_\_
- \_\_\_\_\_

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- Child's been a danger to self or others
- Has experienced physical abuse
- Impulsive/disruptive behaviors
- Anti-social behavior
- Needs one-on-one supervision
- Other \_\_\_\_\_
- \_\_\_\_\_

**Additional Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent signature

Date



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

Parent Name: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please check off any accommodations for the child:

- Diaper change
- Assistance in toileting
- Bottle fed ( breastmilk)
- Bottle fed ( formula)
- Sippy cup needed
- Help with Homework
- Other \_\_\_\_\_
- \_\_\_\_\_

**Medical**

- Has seizure
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- Child's been a danger to self or others
- Has experienced physical abuse
- Impulsive/disruptive behaviors
- Anti-social behavior
- Needs one-on-one supervision
- Other \_\_\_\_\_
- \_\_\_\_\_

**Additional Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent signature

Date