



STUDENT INFORMATION FORM

**Insert
Photo
here**

Name: _____ Birth date: _____

Scars/birthmarks: _____

Home address: _____

Primary Diagnoses: Level of Function: High / Low Verbal / Non Verbal (If nonverbal, mode of communication: _____)

Will he/she respond on his/her name being called? Yes / No

Wandering: Prior wandering incident? Yes / No

Characteristics: Sensory Issues: Yes / No

Touch: Yes / No

Sound: Yes / No

Bright light: Yes / No

Eye contact: Good / Fair / Poor Stimming Behaviour (describe): _____

Processing Delays: Yes / No Fears: _____

Dislikes / Triggers (describe) _____

Favourite Object / toy: _____

Pre- meltdown signs: _____

Meltdown behaviour (describe)

Calming strategies that work: _____

Does your child take medication at home that may have an effect on behaviour at school? (drowsy, irritable if dose is missed, etc.) No / Yes, side effect

Allergies / other health concerns? _____

Does your child have seizures? Most likely times/describe _____

Restroom: Independent / needs reminders / occasional assistance / daily assistance / wears pull-ups

Interests / reinforcing items for motivation: _____

What skills are you working on at home that we can practice at school?

Are there topic you would like more information on?
