



# DEAFBLIND CHILD SPECIAL NEEDS - INFORMATION FORM

*(this form must be completed even if no special instructions are needed)*

**Name of Child who is DeafBlind:** \_\_\_\_\_

**Name of Parent/Guardian(s):** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ **Texting: Yes / No** (please circle)

**Medical Concerns:** *(health challenges, seizures/triggers, positioning options, feeding precautions, etc.)*

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Allergies:		Reactions:	
Medications: (Please have meds in prescription bottles)			
Name:	How given?	Name:	How given?
Times:	Dosage:	Times:	Dosage:
Name:	How given?	Name:	How given?
Times:	Dosage:	Times:	Dosage:

<b>Support Needs:</b>	
<p>How does your child drink?</p> <p>___ by mouth</p> <p>___ by g-tube</p> <p>Is it alright to give your child water while in childcare?</p> <p>___ Yes</p> <p>___ No</p> <p>Other: <i>(limits, amounts, thickener/thickness, warm/cold)</i></p>	<p>How does your child eat food?</p> <p>___ oral fed</p> <p>___ tube fed (length of time)/rate/amount</p> <p>___ chopped</p> <p>___ pureed (mixed with: _____)</p> <p>___ mechanical soft</p> <p>___ finger food (self)</p> <p>___ fork or spoon fed</p> <p>___ independent</p> <p>Other: <i>(limits, amounts, thickener/thickness)</i></p>
<p><b>Vision:</b> How does your child see things best <i>(preferred visual field, color, distance, etc.)?</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Hearing:</b> How does your child hear things best <i>(better ear, hearing assistive technology)?</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Likes:</b> <i>(looking at, listening to, objects, toys, textures, positions, food, etc.)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Dislikes:</b> <i>(looking at, listening to, objects, toys, textures, positions, food, etc.)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<b>Communication: (Things we should know)</b>	
<p>If he/she does this...</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>It means this...</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

