

Anne Arundel County Department of Recreation and Parks
School Age Child Care Division

Addendum Part I Child's Health and Individual Needs Information

Child's Name _____ Center _____

Date Form Completed _____

Section 1		Health Information	
A. Medical conditions (asthma, allergies, seizures see part B)		Are there any dietary restrictions or food allergies/intolerance?	
Medications		Will your child require medication distribution during program hours? Yes No If yes, a medication forms must be completed. Will your child require medication distribution during school hours? Yes No	
B. Type(s) of Seizure	Date of Last Seizure	List medications and give usual treatment needed	
Duration		Warning Signs	

Section 2	Communication
What is your child's primary means of communication (i.e. speech is clear, difficult to understand, sign language)?	
Describe the visual/bodily cues your child exhibits when angry or frustrated	

Section 3	Activities of Daily Living			Comments (i.e. assistive devices)
Please mark an X by the appropriate response	Independent	Needs some assistance	Needs full assistance	
Mobility				
Transfer from wheelchair				
Eating				
Dresses/undress				
Toileting				

Section 4		Participant Behavior	
A. Comment briefly on your child's general behavior and moods (i.e. happy, cautious, shy, etc.)			
B. Does your child exhibit any of the following behaviors?			
Behavior	Yes or No	Comments	
Withdrawn/Shy			
Easily discouraged			
Hyperactive			
Runs away			
Short Attention Span			
Easily Distracted			
Bites			
Physically harms self/others			
Manipulative			
Other			
C. Is there a behavior management plan in place? Yes No If yes, please attach a copy.			
D. What are some motivations for your child? (i.e. verbal praise, stickers, etc.)			
E. Does your child have any strong fears? (i.e. thunderstorms, bees, dogs, etc.)			

Section 5		Safety	
(Please check all that apply)			
<input type="checkbox"/>	Will stay with group	<input type="checkbox"/>	Recognizes danger
<input type="checkbox"/>	Communicates name and phone #	<input type="checkbox"/>	Responsible for own belongings

Section 6		Recreation			
A. Please describe any activities in which your child may require special assistance (i.e. cutting)					
B. Best method of assistance (check all that apply)					
<input type="checkbox"/>	Pre-teaching	<input type="checkbox"/>	Verbal Prompts	<input type="checkbox"/>	Peer Buddy
<input type="checkbox"/>	Demonstrations	<input type="checkbox"/>	Physical Prompts	<input type="checkbox"/>	Equipment/Adaptations
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Hand-over-Hand
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Other
Comments:					
C. Are there any activities your child particularly likes/dislikes?					
Likes			Dislikes		
D. Do you have concerns about your child's participation in traditional program activities and celebrations?					
E. Is this the first Recreation and Parks experience for your child? Yes No If no, what was the name of the last program?					
F. Has your child taken part in inclusive settings (i.e. school, community)? Yes No If yes, please describe					
G. What are your expectations for your child in the program (i.e. socialization)?					

Section 7		Socialization			
(Please check all that apply)					
	Interacts with peers		Does not interact well w/peers		Interacts well w/adults
	Does not interact well w/adults		Prefers to be alone		Prefers small groups (less than 10)
	Prefers large groups (10 or more)		Enjoys group outings		Tolerance of noise levels
Comments:					

Section 8		Request for Accommodation			
I am requesting accommodations for my child Yes No					
If yes, complete the rest of the section (For example, use of a picture schedule)					
I am requesting the following accommodations:					

I certify that all of the information indicated on the Addendum Part I Child's Health and Individual Needs Information Form is complete and accurate.

Parent/Guardian Printed Name

Parent/Guardian Signature **Date**

Parent Updates

Date _____ **Signature** _____

Date _____ **Signature** _____

Date _____ **Signature** _____