

Child's Health and Activity Form

ALL ABOUT: _____

Child's First Name or Nickname: _____

Child's Name: Birthdate: _____

Parent/Guardian: _____

Home Phone: _____

Work Phone: _____

Address: _____

Zip Code: _____

Provider/Center: Phone: _____

Address: _____

Zip Code: _____

The information contained herein is for CONFIDENTIAL USE ONLY.

THINGS MY CHILD DOES WELL _____

WHAT MY CHILD LIKES AND DISLIKES _____

THINGS I AM WORKING ON WITH MY CHILD _____

MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES _____

MY CHILD HAS DIFFICULTY WITH THESE ACTIVITIES _____

MY CHILD WILL NEED THE FOLLOWING EQUIPMENT AND/OR ROUTINES

THINGS MY CHILD MIGHT NEED HELP WITH _____

WHAT SPECIAL ADAPTATIONS WILL THE PROGRAM MAKE AT THIS TIME?

