

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1) Describe the child's special need during care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Describe child's present functional level and skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) What emergent or unusual episode may arise while the child is in care? How should the situation be handled?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Accommodation which S.E.E.K. must provide for this child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Are there any particular instructions for sleeping, toileting, diapering or feeding? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Will the child require medication while in care? Is so, attach the physicians instructions for use of this child's medication and fill out a *Medication Consent* form.  Yes |  No

7) Does staff require any special training to work with your child (ex. Knowledge using a feeding tube)? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) Does your child require any special materials/equipment? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9) Are any other specialists working with your child? Please list the type of service (ex. Physical Therapist) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

***If applicable, attach an up-to-date IFSP or IEP.***

\_\_\_\_\_  
Legal Guardian Printed Name

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

\_\_\_\_\_  
Date

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S.E.E.K. Representative

Date