



Student Information Form

Please share your child's specific needs or disability by completing the form below. Providing as much information as possible will allow us to be sure the needs of each child are met daily at school and outlines the responsibilities for both the school and the parent regarding these needs.

1. FAMILY INFORMATION (Please complete one form per child with special needs)

Child's name: _____ Birth date: _____ Age: _____ M F

Child lives with: ___ both parents ___ mother ___ father other _____

Child's **primary diagnosis** and/or **behavioral/health concerns/medications** we should be aware of:

2. CARE NEEDS (use and "x" to select options below)

VISION: ___ Typical ___ Impaired (Please Specify: _____)

HEARING: ___ Typical ___ Impaired ___ Deaf ___ Hearing Aid

MOTOR: ___ Head Control ___ Rolls Over ___ Sits ___ Crawls ___ Walks

USES: ___ Walker ___ Crutches ___ Braces ___ Wheelchair

NEUROLOGICAL: ___ Neurodiverse ___ Neurotypical

___ Physical Aggression ___ Verbal Aggression ___ PDD ___ ASD

___ Other (Please Specify): _____

SENSORY: ___ Over-Responsivity ___ Under-Responsivity ___ Craving

Please describe any special positioning or other needs your child may have: _____

Language spoken at home: _____

Communicates Using: ___ Words ___ Sign Language ___ Vocal Cues ___ Gestures ___ Device

Other: (describe): _____

Understands 1-2 step directions: ___ All the time ___ Most of the time ___ Some of the time

(see #6 below to provide further information regarding behavior)

3. TOILETING SKILLS (please note independent use of the toilet is required for our 3+ programs)

Independent Needs Assistance (Please Specify Need Below)

Diaper Toilet Training Other _____

Frequency Schedule _____

How does your child communicate toileting needs? _____

4. ALLERGIES: (Drugs, Food, Other) _____

5. EATING HABITS: Spoon Fork Hands Needs assistance (please specify)

6. BEHAVIOR: (check all that apply)

Shy Outgoing

Plays alone Plays in groups

Adapts to new situations well

Responds to correction well

Responds to correction with difficulty

Adapts to new situations with difficulty

Is sometimes destructive

Sometimes threatens others

Sometimes hits, bites, or hurts self/others

Hyperactive and/or ADD

Self injurious behavior

Sometimes attempts to run away

Does your child have an IFSP or and IEP? _____

Are you willing to share any information that would help us support your child's behavioral needs? _____

(please attach any documents you would like to share)

My child responds to separation from his/her parents by: _____

My child is best comforted by: _____

My child lets someone know what he/she wants or needs by: _____

What type of play activities does your child enjoy and/or participate in? _____

My child becomes upset when/or does not enjoy: _____

Additional comments: _____

7. PERMISSION/AUTHORIZATION AGREEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INITIAL IN THE DESIGNATED SPACE INDICATING THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE PROVISIONS.

_____ I have fully disclosed to The Garden Montessori all pertinent facts about my child(ren)'s needs and accept full responsibility for failure to do so.

_____ I will supply all needs for my child's required communication devices, food, drinks, snacks, and toileting needs and be available to assist with toileting needs (we do not assist kids older than 3 years with toileting) .

I have read and initialed the above permission/authorization statements and agree to the terms designated in each:

SIGNED: _____ DATE: _____
(Parent or Guardian)

If you have any questions, please contact us at ellen@thegardenmontessori.org

Non-discrimination and Special Education policy

The Garden and MMCS encourage children of all backgrounds to attend. The schools do not discriminate based on gender, race, color, creed, national origin, ethnic background, or ability. The Garden does not employ a Resource Teacher and does not provide special education services for its students (including students on the MMCS campus). If students require this type of support, it is the parent's responsibility to provide it. Therapists, aides and other support staff are required to submit a full criminal background check in order to provide services on our campus.