



The Children's Center Parent Night Out/Respite

5650 S. Washington Ave., Titusville, FL 32780 phone 321.264.0855 ☆ fax 321.269.6692 ☆

QUESTIONS FOR PARENTS

ALL CHECKS NEED TO BE MADE PAYABLE TO: NBMS

(Please complete one form per child)

Child's Name: _____ Age: _____ DOB: _____

IEP: Y or N FSP: Y or N

Diagnosis: _____ How did you hear about us? _____

Parent/Guardian(s): _____ Address: _____

Email: _____

Home phone: _____ Work: _____ Cell: _____

Siblings and ages: _____

School: _____ Grade: _____

Are your child's immunizations up to date? Yes ___ No ___

List all current medications, how often each is taken and what they are used for:

Reinforcers (list activities, toys, foods, games, etc., your child likes):

List all programs your child is currently involved in and the amount of time spent each week in each program (i.e., school, OT, speech, PT, home program, etc.):

Does your child have any physical limitations?

List any/all allergies:

Is your child on a special diet? If so, what are the limitations?

What are his/her favorite foods?

At what age level do you feel your child is functioning? _____

PASSWORD (needed for child pick-up): _____

What would you like to see gained from your participation in the respite program? Your child's participation _____

What can be avoided that may frustrate or upset your child?

Suggestions for soothing your child.

Hold Harmless

I _____, give permission to The Children's Center to seek medical attention for my child, _____ in the event of an emergency if I cannot be reached. I further agree to hold The Children's Center harmless and free from all liability. I agree to keep the Coordinator and Teachers informed of any changes in address, or telephone numbers of where I can be reached.

The medical emergency procedure will be as follows:

1. Contact Parent
2. Contact person listed as emergency contact
3. Call 911, if necessary.

Signature of Parent/Legal Guardian

Date

THE CHILDRENS CENTER
Authorization to photograph and or
interview your child.

Child's Name: _____

I, _____, hereby give my consent
for the above named child to be photographed
and or interviewed while enrolled in this
program.

I also consent to the use of these photographs
In publications designed to increase public
knowledge and awareness of The Children's
Center and its partner agencies.

Signature of Parent/Legal Guardian/Associate

Date

Signature of Special Programs Coordinator

Date

(Check all that apply)

LANGUAGE SKILLS

Can or does your child ... ?

- Talk?
- How many words? _____
- How many words in a sentence? _____
- Express what he/she wants or needs?
- Communicate in other ways?
Signing or other (specify) _____
- Pronounce words correctly?
Any articulation problems (specify) _____
- Have a disfluency problem (stuttering)?
- Express emotions?
- Initiate conversation with family?
- Initiate conversation with peers?
- Initiate conversation with other adults?

RECEPTIVE

Does the child understand any words or follow directions?

- Cannot understand any words.
- Will follow a few instructions related to daily routines.
- Will follow a few instructions to do actions or touch items.
- Can follow many instructions and point to at least 25 items.
- Can point to at least 100 items, actions, persons, adjectives.
- Follow 1-part directions?
- Follow 2-part directions?
- Follow 3-part directions or more?

FINE MOTOR SKILLS

Can your child ?

- Hold a pencil correctly?
- Draw lines?
- Write?
- String beads?
- Put a puzzle together?
- How many pieces? _____
- Color?
- Play with Playdough?
- Use a computer?

GROSS MOTOR SKILLS

Can or does your child ?

- Walk?
- Climb stairs?
- Roll a ball?
- Climb a ladder?
- Throw a small ball one-handed?
- Catch a large ball with two hands?
- Catch a small ball with two hands?
- Catch a small ball with one hand?
- Kick a ball (large or medium)?
- Hit a ball when thrown?
- Ride a tricycle?
- Ride a bicycle with training wheels?
- Ride a bicycle without training wheels?
- Jump on a trampoline?
- Swing independently?
- Swim?
- Jump rope?

- Skip?
- Hop?
- Roller skate?
- Play a sport? What kinds? _____

PLAY SKILLS

Can your child ?

- Pretend play?
- Play with dolls?
- Talk on the phone?
- Stack blocks?
- Make car/train noises?
- Make appropriate animal noises or imitate animals?
- Sing?

SOCIAL SKILLS

Does your child know ?

- His/her name?
- How old he/she is?
- His/her birthday?
- His/her mom's name?
- His/her dad's name?
- His/her sibling's name(s)?
- His/her address?
- His/her phone number?
- How to hug?
- How to show affection?
- How to wave goodbye?
- How to greet people ("Hi" or "Bye")?
- How to play with others?
- Social phrases such as "thank you", "please", "you're welcome"?
- What to do in case of an emergency (911)?
- What to do in case of a fire in the house?
- What to do if he/she is lost?

SOCIAL INTERACTION

Does the child initiate and sustain interactions with others?

- Does not initiate interactions with others.
- Physically approaches others to initiate an interaction.
- Readily asks an adult for reinforcers.
- Verbally interacts with peers with prompts.
- Regularly initiates and sustains verbal interactions with peers.