

PERSON CENTERED ABOUT MY CHILD SERVICES

Child's Name:	Date:
<u>ACADEMIC</u> - Consider: Levels of knowledge and devel including activities of daily living, level of intellectual fund expected rate of progress in acquiring skills and informa	ctioning, adaptive behavior,
Strengths, Preferences, Interests:	
Needs:	
SOCIAL - Consider: The degree (extent) and quality of the adults, feelings about self; social adjustment to school are	·
Strengths, Preferences, Interests:	
Needs:	



<u>PHYSICAL</u> - Consider: The degree (extent) and quality of the student's motor and sensory development, health, vitality, physical skills or limitations which pertain to the learning process.
Strengths, Preferences, Interests:
Needs:
MANAGEMENT NEEDS - The nature (type) and degree (extent) to which environmental and human or material resources are needed to address needs identified above (what supports places and stuff has worked in the past):



ABOUT MY CHILD

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<u>MEDICAL</u> – Consider: Physical information - how a diagnosis impacts on education and participation as a member of a class or school.
Strengths:
Weaknesses / Needs:
EFFECTIVE STRATEGIES - What worked and/or what didn't work in the last year?
GOAL(S) – What the family sees as being the most important for the next year?
ACTIVITIES of daily living – What skills need to be addressed?



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CURRENT INTERESTS – What does the child like right now?
EFFECTIVE REWARDS – What motivates the child?
HOMEWORK ASSIGNMENTS - Where? When? How much help? Who helps? Any frustrations?
OTHER INFORMATION – Anything that may be helpful for others to know about my child.