

STUDENT PROFILE

Thank you so much for taking the time to introduce us to your wonderful child! It is our joy and privilege to serve children of all needs and abilities and our desire is to provide a safe environment where they can truly experience God's love. Please help us get to know your child by answering the questions below so that we may better serve and assist your child.

PHYSICAL NEEDS

Vision

- Normal
 Impaired
 Blind

Hearing

- Normal
 Hard of Hearing
 Deaf
 Hearing Aid

Motor

- Head Control
 Rolls Over
 Sits
 Crawls
 Cruises
 Walks
 Walker
 Crutches
 Braces
 Wheelchair

Toileting Skills

- Toilets Independently
 Wears a diaper
 Needs help
 Being potty trained
 Potty trained, needs assistance

Staff can help by:

Eating Habits

Ekko Kids provides a small snack (e.g. Goldfish crackers, popcorn, etc.) during class time.

- No Restrictions
 Soft food only
 Can take nothing by mouth
 Bottle

Staff can help by:

Food & Environmental Allergies

Please list all, e.g. wheat, dairy, cedar, cats, etc.

COMMUNICATION

Communicates with

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Words | Babbles | Phrases | Gestures | Sentences | Sign Language |

Other (Please describe):

Can understand what others say

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> All the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time |
|---------------------------------------|---|---|

Behavior

- | | | |
|---|---|--|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy | <input type="checkbox"/> Plays in groups |
| <input type="checkbox"/> Adapts to new situations well | <input type="checkbox"/> Adapts to new situations with difficulty | |
| <input type="checkbox"/> Responds to correction well | <input type="checkbox"/> Responds to correction with difficulty | |
| <input type="checkbox"/> Sometimes threatens others | <input type="checkbox"/> Sometimes hits, bites or hurts self/others | |
| <input type="checkbox"/> Sometimes attempts to run away | <input type="checkbox"/> Hyperactive and/or ADD | |

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

MISCELLANEOUS

Favorite toy _____

Favorite color _____

Favorite stuffed animal _____

Activities my child likes

(music, coloring, group activities, independent play, etc.)

Sensory Input

Fears or dislikes

(i.e. dogs, balloons, loud noises, etc.)

My child needs encouragement to

Please do not ask my child to

My child learns best when

My child participates more when