

Child's Name _____

SPECIAL CARE FORM

Please complete and return to school office.

1. Child's usual eating schedule

2. Child's toileting/diapering patterns

3. Child's sleep schedule (if still naps during the day)

4. What comforts you child?

5. What may scare you child?

6. Cultural habits/home issues that may affect your child's behavior

7. Does your child have any special words or special language of communication?