



Parents please complete the following questionnaire so we will be better able to serve your child at the Smart Center. This is a confidential form to be used by the Smart Centers Admission's office only.

Parents Name _____

Child's Name _____ Age _____

Does your child have an IEP ? Yes _____ No _____

Does your child receive hearing or speech therapy ? Yes _____ No _____

Does your child have a TSS worker assigned to them? If so how many days a week ? Yes _____ NO _____
of days _____

Does your child have a medical condition that requires special feeding, cleaning, or administration of medicine ? Yes _____ No _____

Does your child use a auxiliary aid for walking? Yes _____ No _____

Is your child in a wheel chair ? Yes _____ No _____

Does your child have asthma ? Yes _____ No _____

Does your child have seizures ? Yes _____ No _____

Please list any other medical or pertinent information we should know so we could better serve your child: _____
