

ENROLLMENT FORM FOR CHILD WITH SPECIAL NEEDS

Child's Name _____

Parent's Name _____

Name of physician or therapist _____

Address _____

Phone _____

Diagnosis of child's condition

Simple explanation of how the condition affects the child's care and/or education

Special instructions

Who should be involved in planning and evaluation for this child?

How often should a follow-up evaluation of progress be done?

(Form completed by/Position/Date)

*****Please talk to director if you have questions regarding above*****