



Northern Nevada R.A.V.E. Family Foundation Child Information Sheet

Child's Legal Name: _____ Birth date: _____

Gender: M F Diagnoses/Special Healthcare Need(s): _____

Your Child's Preferences:

Any nick names your child prefers to go by?: _____

Does your child have any special likes?: _____

Special fears?: _____

What helps to soothe your child?: _____

It is easy for your child to be away from home and family:	Yes	No
It is easy for your child to share toys:	Yes	No
Your child likes to play outside more than inside:	Yes	No
Your child plays alone more than with other children:	Yes	No

Favorite color is: _____ Favorite toys: _____

These are the recent changes in the life of your child (i.e. new baby, move, new house, death, divorce, etc.):

Allergies:

List all allergies here: _____

Eating Habits:

Special instructions for dinner/lunch time at RAVE: (i.e. must have all dinner before getting brownie) _____

Communication and Mobility:

How does your child communicate? Check One: Verbal, gestures, ASL, assisted technology, non-verbal

Is your child ambulatory? Check One: walking, crawling

Will your child be bringing special equipment? Describe: _____

Does your child have any special positioning requirements?: _____

Bathroom Use:

Is your child toilet trained?: Yes or No

-If not, does your child have any special requirements?: _____