



# Inclusion Questionnaire

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City/ \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Please answer the following questions by filling in the blank or circling the appropriate response. Please add any additional comments you may have to clarify responses.

## GOALS / GENERAL AND SOCIAL INFORMATION

1. What are your goals for your child in this program?
2. Does your child have in mind any specific goals in this program?
3. Tell us about specific likes or dislikes your child has
4. How would you describe your child? (*Circle*) Quiet Outgoing Fearful Shy Independent  
Happy Sad Aggressive Friendly Demands excessive attention
5. How does your child communicate? Verbal Non-Verbal  
If your child is non-verbal, how does he/she communicate?
6. Is your child usually able to listen and follow directions? Yes No
7. Does your child exhibit any inappropriate behaviors that need to be addressed? Yes No  
If yes, what are those behaviors? \_\_\_\_\_
8. Does he/she separate well from family? Wander? Run away?

## PHYSICAL / MEDICAL INFORMATION

9. What type of disability does your child have?
10. What is the degree of your child's disability? Mild Moderate Severe
11. Describe any special medical needs that we should be aware of
12. Is your child on a medication schedule that might concur with the program schedule? Yes No  
If Yes, what is that schedule?
13. Is your child on a certain toileting schedule that we need to be aware of? Yes No  
If yes, what is that schedule?
14. Does he/she need any special handling for movement difficulties: Positioning Transferring Dressing

## OTHER INFORMATION

15. Do you anticipate your child will need one-on-one assistance to participate in this program? Yes No
16. Do you have any other concerns that you would like us to consider at this time?

## CONFIDENTIALITY POLICY

17. I grant permission for the above information to be shared with Oasis Arts staff that would be working with my child. Yes No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fill out and return to: Oasis Arts ♦ 3415 Oasis Blvd ♦ Cape Coral, FL ♦ 33993 as early as possible.