



YMCA SCHOOL AGE SERVICES

Child with Special Needs Additional Information Form

Thank you for your interest in our Fun Company Program. We are committed to creating an environment where all children thrive, including children with special needs. A child with special needs is one whom it has been determined requires special attention and/or accommodations that other children in a group setting do not require. These determinations may be based on physical, cognitive or behavioral challenges that the child may face. Our program specializes in group child care and is an inclusive school age program that recognizes each child's uniqueness. Please help us learn about your child's special needs and their ability to manage everyday tasks or situations that are common in our school age program. Our desire is to work with every child and family so that their child succeeds in our program. We will make reasonable accommodations in our program toward that goal, but we must note that there are some circumstances where we cannot effectively meet the needs of a child.

Please submit this form to: sasinclusion@ymcamidtn.org (include the child's school in the subject line of the email).

Child's Name: _____ Age: _____

School Attending: _____

Please summarize any special needs your child requires and/or challenges your child might face in our program setting and how this affects your child's care and/or education:

Does your child currently have any of the following? Check all that apply.

Yes No One-on-One Assistance or Aid at School? If yes, how do they assist?

Yes No IEP or IFSP? If yes, please provide a copy.

Yes No Additional equipment used by your child? If yes, please list.

Yes No Require a special diet? If yes, please explain.

Thank you for sharing information about your child. This form is just the beginning of an ongoing dialogue about your child's needs. Please indicate a time that would be convenient for us to meet to discuss this information. Please bring any documentation regarding your child's special needs that may help better equip us to serve your child. NOTE: This would include documents such as an IEP or similar analysis. We do NOT wish to receive medical records.

Monday-Friday 8 a.m-Noon Monday-Friday 1-6 p.m.

Parent/Guardian Name: _____

Email: _____ Phone: _____

Parent Signature: _____ Date: _____