

SPECIAL CARE NEEDS

INDIVIDUALIZED EDUCATION PLAN (IEP)

If your child has any special care needs, please list them below. The teachers will complete the IEP portion and discuss it with you, if needed, at the beginning of the school year. A copy will be given to you after the teachers complete their part of the form.

PLEASE NOTE: This form MUST be signed and returned to us even if your child has no special care needs, mark "NONE" and sign page 2.

Child's Full Name: _____

	To be completed by parent: Special Care Needs - Please describe:	To be completed by teacher: Individual Education Plan (IEP)
Allergies (Foods, Insects, Latex, Medications or others) Require: Epi-Pen <input type="checkbox"/> If Yes, an Anaphylaxis Action Plan is Required!		
Special Feeding Requirements?		
Asthma Require Inhaler:		
Common Ailments (Ear Aches, Nosebleeds, Stomach Aches, Headaches)		
Epilepsy or Seizures		
Hearing or Vision Require: Glasses <input type="checkbox"/> Hearing Appliance <input type="checkbox"/>		
Hospitalizations (during the last 12 months)		
Illness (Existing or Previous)		

Please continue on the back and remember to sign the form!

	To be completed by parent: Special Care Needs - Please describe:	To be completed by teacher: Individual Education Plan
Medications (for long-term use)		
Motor Development (coordination, muscle development)		
Speech / Language Development		
Social Development / Separation Issues		
Serious Injuries		
Other		
Please sign and date this form	Parent Signature: Date:	Teacher Signature: Date:

Do you need a list of resources and services for your child's special care needs? Yes ___ / No ___

