

Oak Park Early Learning Academy
WHAT MY CHILD NEEDS

Child's Name: _____ Age: _____ Date: _____

Parent(s) Name(s): _____

In each of the boxes write some notes about "what it takes" for your child to do the activity listed. Include words you and your child use, equipment needed, special ways for doing things, positioning, etc. This form should be updated and given to providers to help them understand your child.

	My Child's Strengths	My Child's Challenges	What It Takes To Help My Child	
			Equipment	Other
Communicating; Talking/Listening				
Thinking & Understanding				
Current Eating/Drinking Plan				
Diapering/Toileting				
Resting/Sleeping				
Traveling & Moving Around; Spatial Transitions				
Fears or Insecurities				

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	My Child's Strengths	My Child's Challenges	What It Takes To Help My Child	
			Equipment	Other
Inside Play Time: Floor; Table; Getting toys				
Transitions (Moving from one activity to the next)				
Playing with others				
Outside Play Time: Getting to the playground, using the equipment				
Fine Motor Activities (Coloring, Painting, Cutting, etc)				
Large Motor Activities (Pulling up, walking, running, jumping, climbing, etc.)				
NOTES: Any additional comments that would assist our teachers in getting to know your child.				