



CHILD ASSESSMENT FORM

The information provided here will assist the staff at Campagna Kids to carefully and creatively respond to the unique needs of your child. This information is to be used to programmatic purposes only. To ensure that you do not encounter any barriers, please contact Randy Gore at (703) 224-2364. We will make every effort to provide you and your child with reasonable accommodations.

CHILD'S NAME

Last Name:	First Name:	Age:
------------	-------------	------

CHILD'S BEHAVIOR

Please complete the checklist below.

<u>YES / NO</u>	<u>BEHAVIOR</u>	<u>COMMENTS</u>
<input type="checkbox"/> <input type="checkbox"/>	Withdrawn/Shy	_____
<input type="checkbox"/> <input type="checkbox"/>	Easily Discouraged	_____
<input type="checkbox"/> <input type="checkbox"/>	Hyperactive	_____
<input type="checkbox"/> <input type="checkbox"/>	Runs Away	_____
<input type="checkbox"/> <input type="checkbox"/>	Short Attention Span	_____
<input type="checkbox"/> <input type="checkbox"/>	Bites	_____
<input type="checkbox"/> <input type="checkbox"/>	Physically Harms Self	_____
<input type="checkbox"/> <input type="checkbox"/>	Easily Distracted	_____
<input type="checkbox"/> <input type="checkbox"/>	Manipulative	_____
<input type="checkbox"/> <input type="checkbox"/>	Aggressive	_____
<input type="checkbox"/> <input type="checkbox"/>	Challenges Authority	_____
<input type="checkbox"/> <input type="checkbox"/>	Impulsive	_____

Is there a behavior Management plan in place? Yes No

If Yes, please explain and/or attach a copy.

SOCIALIZATION

Please complete the checklist below.

<u>YES / NO</u>	<u>BEHAVIOR</u>	<u>COMMENTS</u>
<input type="checkbox"/> <input type="checkbox"/>	Interacts w/ Peers	_____
<input type="checkbox"/> <input type="checkbox"/>	Maintains Eye Contact	_____
<input type="checkbox"/> <input type="checkbox"/>	Develops/Maintains Friendship	_____
<input type="checkbox"/> <input type="checkbox"/>	Asks Appropriate Questions	_____
<input type="checkbox"/> <input type="checkbox"/>	Participates Appropriately	_____
<input type="checkbox"/> <input type="checkbox"/>	Interacts w/ Staff	_____

COMMUNICATION

Please complete the checklist below.

<u>YES / NO</u>	<u>BEHAVIOR</u>	<u>COMMENTS</u>
<input type="checkbox"/> <input type="checkbox"/>	Communicates Effectively	_____
<input type="checkbox"/> <input type="checkbox"/>	Communicates Basic Needs	_____
<input type="checkbox"/> <input type="checkbox"/>	Understands Directions	_____
<input type="checkbox"/> <input type="checkbox"/>	Reads and Writes	_____
<input type="checkbox"/> <input type="checkbox"/>	Communicates Verbally	_____
<input type="checkbox"/> <input type="checkbox"/>	Uses Other Means to Communicate	_____

ACTIVITIES OF DAILY LIVING

Please complete the checklist below.

<u>YES / NO</u>	<u>BEHAVIOR</u>	<u>COMMENTS</u>
<input type="checkbox"/> <input type="checkbox"/>	Mobility	_____
<input type="checkbox"/> <input type="checkbox"/>	Eating/Drinking	_____
<input type="checkbox"/> <input type="checkbox"/>	Toileting	_____

SAFETY

Please complete the checklist below.

<u>YES / NO</u>	<u>BEHAVIOR</u>	<u>COMMENTS</u>
<input type="checkbox"/> <input type="checkbox"/>	Will Stay w/ Group	_____
<input type="checkbox"/> <input type="checkbox"/>	Recognizes Danger	_____

GENERAL INFORMATION

Please share with us any activities your child particularly likes or dislikes:

Please provide any additional information that would be helpful to the staff:

I acknowledge that all of the information indicated on the Child Assessment Form is complete and accurate to the best of my knowledge.

Parent/Guardian Signature

Date