

SSSG Medical or Special Need Form

You have indicated on your Registration form that your child may suffer from life threatening allergies, have a disability, or have special medical or other needs. Please complete the following form, print it, and return it to the registrations folder in a sealed envelope. We value your privacy and will only share this information with your child's teachers and/or chaperones.

1. Please describe your child's medical needs, disability, allergies, or special need:

2. Please list any medications your child takes that we should be aware of (examples include inhalers, epi pen, seizure medications, medications for ADHD, medications for depression that may impact learning, etc):

3. Where your child has an I.E.P. for school we are interested in helping to use this information to enrich your child's learning in our program. Please describe why your child has an I.E.P. and ways we may be able to implement it with in S.T.E.W. or individual lessons:

4. Has your child received a psycho-educational assessment? If yes, are there any strategies listed that we could implement into either group class or individual lessons?

5. Please describe your child's behaviour in terms of activity level, attention span, impulsiveness, etc.

6. Please indicate any strategies/techniques that you find useful in managing your child's behaviour to engage in learning in either a one-on-one or group setting:.