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 Child's Name

## YMCA of Greater Seattle

### Description of Medical and/or Special Needs

Dear Parent/Guardian: Please complete this form. The information will assist the YMCA of Greater Seattle in meeting the needs of your child and may be used to develop and implement a reasonable accommodation for your child's disability, medical or special need. After completing this form, a YMCA Director will meet with you, if needed, to review and discuss the information you have provided.

1. Child's Age Today: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

2. Conditions/Diagnoses (✓ Check all that apply):

<input type="checkbox"/> Asthma	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Asberger Syndrome
<input type="checkbox"/> Autism	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Developmental Delay
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Drug Affected	<input type="checkbox"/> Dyslexia
<input type="checkbox"/> Fetal Alcohol Syndrome	<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bleeding/Clotting Disorder	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Chronic/recurring illness (explain)	_____	
<input type="checkbox"/> Allergies (explain)	_____	
<input type="checkbox"/> Behavior Disorder (explain)	_____	
<input type="checkbox"/> Other (explain)	_____	

3. Medications (fill out *Instructions for Medication* form) \_\_\_\_\_

4. Has your child required psychiatric counseling or hospitalization? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, explain \_\_\_\_\_

5. Professional Involvement/Support (✓ Check all that apply):

<input type="checkbox"/> Pediatrician	<input type="checkbox"/> Naturopath	<input type="checkbox"/> Homeopath
<input type="checkbox"/> Psychological Services	<input type="checkbox"/> Occupational Therap.	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Teacher	<input type="checkbox"/> Instructional Aide	
<input type="checkbox"/> Medical Specialist (explain)	_____	
<input type="checkbox"/> Other (explain)	_____	

6. Child needs help with (✓ Check all that apply)

*Communication*

Using words, signs or symbols to express meaning to others

Responding to other's communication appropriately

*Self-Help*

Dressing/undressing

Eating or drinking

Using the toilet

Recognizing dangerous situations

*Intellectual*

Choosing an activity and staying with it for 15 min or more

Handling transitions or changes in routine

Understanding safety rules and complying with them

*Mobility*

Walking or standing

Using/controlling arms or hands

Using a walker or wheelchair

*Social/Emotional*

Building relationships with other children

Sharing and taking turns

Impulse control

Handling anger and frustration

7. Please describe your child's strengths.
  
8. What was done that was especially helpful in accommodating your child's medical/special needs in previous group experiences?
  
9. What could have been improved with respect to accommodation of your child's disability or medical/special needs in previous group experience?
  
  
10. What are you looking for in a YMCA program experience for your child?
  
  
11. What specific accommodations do you believe will help your child participate successfully in our program?

*You will be notified within 10 days of receipt of this form of the YMCA of Greater Seattle's decision on its ability to accommodate the needs of your child.*



**YMCA**  
OF GREATER SEATTLE

We build strong kids,  
strong families,  
strong communities.

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