

The Whole Child ® Inc.

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Play & Explore Adventures

Program Screening Form

Please fill out and email back to lorihill@thewholechildmatters.org

Date: _____

Child's Name: _____

DOB: _____ Age: _____

Name of Person filling out form: _____

Relationship to child: _____

Parent/Guardian: _____

Primary Address: _____

Email: _____

Phone numbers: _____

CHILD's INTERESTS:

TOILETING

We do not have the facility or staff to change diapers. We are able to help children who are wearing Pull-ups. We ask that you bring a bag for your child with a couple of dry Pull-Ups, wipes, and a change of clothes every week.

How independent is your child with toileting:

- Independent
- Almost Independent! Wearing a Pull-Up
- Working on it! Mostly dry, but not trained yet for BM
- Still in diapers, not ready yet for training

COMMENT:

MEDICAL

Are immunizations current?: _____yes _____no

Date of last Physical: _____

CRITICAL Medical Information including Allergies that we should know (if any):

Check here if your child has an Epi-Pen

EDUCATION

My child:

- Attends preschool
- Does not attend preschool
- Will attend next year

School District: _____

Current preschool: _____

PARENT CONCERNS (if any)

Please check any areas of concern and explain:

- PHYSICAL & EMOTIONAL REGULATION (ability to regulate energy and emotions)
- SOCIAL SKILLS (ability to interact with others, play, share)
- CONFIDENCE (SEPARATION ANXIETY)
- MOTOR SKILLS
- COMMUNICATION & LANGUAGE (ability to speak clearly, communicate wants/needs/ideas, understand what is being said)
- BEHAVIOR (flexibility, tantrums)
- OVERALL DEVELOPMENT

**Play & Explore Adventures is not staffed for aggressive or explosive behaviors. If your child consistently demonstrates extreme behaviors please contact TWC Director, Keriann Kimball to inquire about a program that may be more aligned with your child's behavioral needs.*

Parent Concerns continued on next page:

