Physical Disabilities Questionnaire

Child’s Name____________________________________

DOB ___/_____/_____

All students engage in activities to varying levels. Program modification and support allows students with special needs to have a rewarding experience.

It is important that you discuss your child’s needs with the class teacher in addition to completing this form.

Describe your child’s condition? ____________________________________________________________
__________________________________________________________
__________________________________________________________

Is your child taking daily medication? □ Yes □ No
Give details & dosage-
__________________________________________________________
__________________________________________________________
__________________________________________________________

Will your child require-
□ Yes □ No access to disabled toilets and showers?
□ Yes □ No ground level accommodation?

Any additional information
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________