

Child's Name:

Date:

In an effort to provide the best care for your child we would like to have you fill out the following information.

My child learns best with (circle ALL that apply):

Demonstration Verbal Instruction Written Instruction Physical Help

Comments: _____

I learn best with (circle ALL that apply):

Demonstration Verbal Instruction Written Instruction Physical Help

Comments: _____

When my child is experiencing pain or discomfort he/she will:
(Please circle correct response)

Be able to describe his level of discomfort by using a 0 to 10 scale: YES NO

Be able to point to the face chart to describe his pain: YES NO

Describe your child's behavior in the following circumstances:

When they have MILD discomfort: _____

When they have MODERATE Discomfort or pain: _____

When they have SEVERE Pain: _____

What is your preferred method to encourage cooperation and full participation in therapy sessions (circle all methods that are valuable with your child):

Verbal praise Verbal correction Time out Rewards (stickers etc)

Other suggestions: _____

We understand that as children grow, develop and mature that these answers may change. Please notify your therapist as changes occur.

Parent Signature: _____