



2011 State Autism Conference

Childcare Registration

Parents Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Email _____

This questionnaire is meant to assist us in creating the best staffing for each child's individual needs. Please complete those sections that are pertinent to your child.

ASD Child's Name _____ Age _____

Primary diagnosis: Autism ___ Asperger's ___ PDD-NOS ___

Siblings: Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Any special notes about siblings? _____

Please fill out a separate form for each child with an autism spectrum disorder and return to

Autism Society of Nebraska

PO Box 83559

Lincoln, NE 68501-3559

Or email a copy to autismsociety@autismnebraska.org

About your child with ASD:

Given the child's skills and behaviors, what level of supervision does he/she require most of the day? In answering these questions, please keep in mind how your child responds to new situations and new people.

- Child can function independently in all or almost all settings with only occasional supervision.
- Child can function independently for short periods of time and can be supervised in a group with 1 adult and several other children the rest of the time.
- Child generally can function in a group with a supervisor and 2-3 other children.
- Child needs one to one supervision at all times.
- Child needs more than one staff with him/her all day or when agitated or upset.

How does your child get his/her message across?

Uses complete sentences	Uses 2-3 word phrases	Uses single words	Uses vocalizations, sounds, etc
Uses sign language	Uses gestures, points	Takes you to what he/she wants	Cries
Uses pictures	Uses word cards	Uses special systems such as communication board	Child can write to communicate

Additional information:

How does your child understand what is said to him/her?

You can use complete sentences	You use 2-3 word phrases	You use single words	You use sign language
You use word cards	You use gestures, point, etc	You use pictures	

Additional information:

Please indicate and explain whether the child can express the following concepts:

Yes / No Can your child ask for help?

Yes / No Does your child communicate an illness or pain?

Yes / No Does your child communicate a dislike?

Yes / No Can your child ask for help?

Yes / No Is your child independent with toileting? How do they let you know they need to go to the restroom?

BEHAVIOR	NEVER	SELDOM	OFTEN	WHAT YOU DO WHEN THIS OCCURS
Child scratches, pinches, bites or hits self				
Child bangs own head				
Child grabs other people				
Child touches inappropriately				
Child throws things				
Child gets into personal belongings				
Child runs away				
Child climbs on furniture				
Child uses inappropriate language				

Child spits on others				
Child dumps liquids				
Child strips own clothing				
Other:				

What soothes your child?

What is your child's "safe zone" where he/she can relax?

What are your child's sensory triggers? Please describe:

Please list things that scare or upset your child.

What are some of your child's favorite things to do?

Is there anything else we need to know about your child or their needs?

Please note that in order to ensure adequate staffing registration must be made prior to April 1, 2011. You will receive an email confirming receipt of your registration.