

Parent Input Form

Thank you for taking the time to provide information about your child. The information you share gives us critical knowledge that will help us provide a safe bus journey and support your child's needs. The more we can get to know your child, the better we can serve them. If you have more information such as a picture or additional details on your child's needs and likes, please include those items when you submit this form. We understand that the needs of your child will change over time. As those changes happen, please update us so that we can make sure we always have a plan in place that meets his or her needs.

CHILD'S NAME _____ DATE OF BIRTH _____

PARENT/CAREGIVER NAME _____ PHONE _____

ALTERNATE CONTACT #1

ALTERNATE CONTACT #2

NAME _____

NAME _____

PHONE _____

PHONE _____

INTERESTS, FAVORITE TOPICS OR HOBBIES _____

STRENGTHS _____

Please tell us about your child's needs or challenges in the following areas

BEHAVIORAL/EMOTIONAL _____

PHYSICAL/MOBILITY _____

LANGUAGE /COMMUNICATION _____

SENSORY SENSITIVITIES _____

OTHER SUPPORT NEEDS _____

My child may benefit from the following available bus supports (check all that apply) VISUAL SCHEDULE

SENSORY KIT ITEMS

SUNGLASSES

STRESS BALL

COLORING BOOKS

STUFFED ANIMALS



Extraordinary care only from First Student