

Child's First Name: _____ Last Name: _____



Child Assessment Form

Parents, the information you provide here will assist the staff at Campagna Kids to carefully and creatively respond to the unique needs of your child. This information is only to be used for programmatic purposes. To ensure that you do not encounter any barriers, please communicate with us by contacting Karla Kelley at 703.224.2364. Every effort will be in providing you and your child with reasonable accommodations.

Children's Behavior

Please check all that apply	Yes or No	Comments
Withdrawn/Shy		
Easily discouraged		
Hyperactive		
Runs Away		
Short Attention Span		
Bites		
Physically Harms Self		
Easily Distracted		
Manipulative		
Aggressive		
Challenges Authority		
Impulsive		

Socialization

Please check all that apply	Independent	Needs some assistance	Needs full Assistance
Interacts w/ Peers			
Maintains Eye Contact			
Develops/Maintains Friendships			
Asks Appropriate questions			
Participates Appropriately			
Interacts with Staff			

Is there a behavior management plan in place? _____ yes _____ no

If yes, please explain and/or attach a copy.

Child's First Name: _____ Last Name: _____

Communication

Please check all that apply	Independent	Needs some Assistance	Needs full Assistance
Communicates Effectively			
Communicates Basic Needs			
Understands Directions			
Reads and Writes			
Communicates Verbally			
Uses other means to Communicate			

Activities of Daily Living

Please check all that apply	Independent	Needs some Assistance	Needs full Assistance
Mobility			
Eating/Drinking			
Toileting			

Safety

Please check all that apply	Yes	No
Will stay with the group		
Recognizes Danger		

Please share with us any activities your child particularly likes or dislikes.

Please provide any additional information that would be helpful to the staff.

I acknowledge that all of the information indicated on the Child Assessment Form is complete and accurate to the best of my knowledge.

Parent/Guardian Signature

Date