Please Print:

SPECIAL NEEDS CHECKLIST

Placement:_____CDC _____FCC _____YS

Child's Name: _____

Sponsor's Name:_____ **Sponsor's Social Security Number: _____**

Sponsor's Home Telephone Number: _____ **Sponsor's Work Telephone Number:_____**

Please check any medical conditions, disability or handicap that may apply. Also, list any and all medications prescribed for your child. If your child should have a special need, prior knowledge will allow us to make appropriate adjustments to our program and provide training to the staff before your child's first day.

This form will be forwarded to the Exceptional Family Member Program (EFMP) Manager, so that a Special Needs Resource Team (SNRT) meeting can be scheduled. The SNRT is a multi-disciplinary team established to ensure the most appropriate placement of children with special needs and helps us to provide the very best services while your child is enrolled in any Child and Youth Services (CYS) program.

Central Enrollment must receive notification from the EFMP Manager that approval has been granted prior to your child's first day of attendance in any CYS program.

Please check all that apply:	***Medication(s) and/or comment(s):***
❒ **Allergies (i.e., food, insects, drugs, seasonal)**	
❒ **Asthma**	
❒ **Attention Deficit Disorder (ADD)**	
❒ **Attention Deficit Hyperactivity Disorder (ADHD)**	
❒ **Auditory or Hearing Problems**	
❒ **Behavior or Social Conduct Concern**	
❒ **Bipolar Disorder or Manic Depressive Syndrome**	
❒ **Bleeding Disorder (such as Hemophilia)**	
❒ **Blindness**	
❒ **Bone, Joint or Muscle Concerns**	
❒ **Cancer**	
❒ **Cerebral Palsy**	
❒ **Developmental Delay**	
❒ **Diabetes**	
❒ **Down Syndrome**	
❒ **Emotional Disability/Disorder**	
❒ **Fetal Alcohol Syndrome**	
❒ **Heart Problems**	
❒ **Mental Retardation**	
❒ **Migraine Headaches**	
❒ **Personality Disorder**	
❒ **Seizures**	
❒ **Sickle Cell Anemia**	
❒ **Shunt**	
❒ **Skin Disorders**	
❒ **Spina Bifida**	
❒ **Toileting Concerns/Difficulties**	
❒ **Tourettes Syndrome**	
❒ **Other**	

Please Check One: _____**My child is enrolled in Fort Detrick's Exceptional Family Program.**

_____**My child has no health, medical, or behavioral concerns at this time.**

_____ _____

Signature of Sponsor **Date**