



Individualized Assessment of Needs

Child's Name: _____ Date of Birth: _____

I understand that Playworks must complete this individualized assessment to determine whether they can meet the needs of my child. This must be completed before my child is enrolled in Playworks. I also understand that Playworks can deny admission until an up-to-date I.E.P. and other assessments are on file, as well as an Individual Child Care Plan.

I understand that if my child causes any harm to others, themselves, or if Playworks has to alter care specifically for the student, Playworks cannot provide care.

_____ My child has special needs. Special needs are all-encompassing, and could include allergies, behavior, social, psychological, medical, or other issues.

In order for Playworks to properly care for your child, they need authorization to contact other educators and health care professionals who work with your child. Please list the names and phone numbers of the necessary individuals (including past child care centers, public or private school teachers, physicians, and other medical or behavioral professionals). Additional details must also be provided on page 2.

PRIMARY HEALTH CARE PROVIDER'S NAME

PHONE

SPECIALIST'S NAME (IF ANY)

DATE OF LAST VISIT

PHONE

SPECIALIST'S NAME (IF ANY)

DATE OF LAST VISIT

PHONE

_____ My child has NO special needs. I understand that without proper notification, Playworks cannot assume responsibility regarding any special needs of my child. I understand that should the Playworks teachers ever observe signs of developmental concerns with my child, they will discuss them with me at that time.

PARENT/GUARDIAN SIGNATURE

DATE

playworksfun.com

2200 Trail of Dreams • Prior Lake, MN 55372 • 952.445.PLAY (7529)
SMSC Infant and Toddler Classroom • 2330 Sioux Trail • Prior Lake, MN 55372 • 952.496.6124
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Individualized Assessment of Needs

Diagnosis: _____ Onset Date: _____

Describe the child's special needs during group care: _____

Describe the child's functional level and skills: _____

Are there any activity restrictions? _____

Are there any other health (medical, psychological, or social) concerns that would help us assist with the child's care?

Does the child require any specific accommodations in:

Sleeping: _____

Using the toilet: _____

Feeding: _____

Diapering: _____

Emergency procedures: _____

Medical procedures: _____

Special equipment: _____

In the classroom: _____

On the playground: _____

(Fill out the medication permission form for medication)

Will the staff need special training to provide for this child? Yes _____ No _____

Who will provide the training? _____

PARENT/GUARDIAN SIGNATURE

DATE

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