

Date: _____



Exceptional ART: Creative Classes for Children and Teens with Disabilities

Please take the time to fill out this form so that we can better know your child. Thank you!

Child's Name: _____ Child's Age _____ Grade Level _____

School that your child attends: _____

Parent or Guardian's Name: _____ Email: _____

Phone # _____ Cell # _____

Emergency Contact: _____

Child's special needs:

Does your child require support staff at school?

Is your child able to manage their own behavior safely without you in the room?

What do you hope your child will get out of an art class:

Things that allow us to better help your child in class: (helpful supports like physical adaptations, behavior modifications, technology, etc)

What activities does your child enjoy most?

What are your child's strengths or talents?

What art material(s) does your child most enjoy working with?

Does your child have food or other allergies?