86th Force Support Airman & Family Services Flight
Child Placement Questionnaire

Child's Name: _____ Date of Birth:_____

Facility: _____ Today's Date:_____

1. Does your child have any of the following conditions? (Please mark)

____ a. Visual Problems/Blindness

____ b. Hearing Problems

____ c. Physical Disabilities

____ d. Kidney Problems

____ e. Epilepsy/Seizures

____ f. Autism/PDD

____ g. Heart Problems

____ h. Hemophilia/Sickle Cell

____ i. Asthma/Respiratory Problems

____ j. Speech/Language Delays

____ k. Allergies (meds, food,)

____ l. Behavior/Conduct Concerns

____ m. Diabetes

____ n. Attention Deficit/Hyperactivity (ADHD/ADD)

____ o. Other

2. Please explain any condition marked above:

3. Is your child taking any medication for his/her condition? Is so please specify

4. Is your child receiving services from DODDS Developmental preschool, EDIS Early Intervention or Pediatric Behavioral Medicine? _____ Yes _____ No If yes, please explain.

5. Is your child enrolled in an Exceptional Family Member Program (EFMP)? ____ Yes ____ No If yes, please explain.

6. Does your child have an IFSP or an IEP? _____ Yes _____ No

_____ _____

Signature of Parent/Sponsor/Guardian Home/Duty Phone

IF YOU ANSWERED YES TO ANY OF THE ABOVE, THE FORM WILL BE FORWARDED TO THE MEDICAL ADVISOR TO ENUSRE YOUR CHILD'S INDIVIDUAL NEEDS ARE BEING MET.