

YMCA Childcare Resource Service

Agency Representative: _____

Date: _____

DOCUMENTATION OF CHILD'S SPECIAL NEEDS

To be completed by a legally qualified professional to perform legal, medical, health or social services for the general public.

Child's Name: _____

Parent(s) or Caretaker(s) Name: _____

Dear _____,

In order for the child to be eligible to receive child development services the California Department of Education requires verification of the physical, emotional or educational special needs of the child. _____ (parent/caretaker) has authorized us to contact you for such verification. Your cooperation in answering the questions and returning this form within two weeks to the agency listed above will enable our agency to establish eligibility.

1. Nature of child's special needs _____
2. Probable dates of child's special needs _____ / _____ / _____ to _____ / _____ / _____
month / day / year month / day / year
3. Is there an active I.E.P.? _____ Yes _____ No
4. What special services, if any, are required to meet the child's special needs? _____

5. Would the provision of child care aid the child's special needs? _____ Yes _____ No
6. Is the child in need of supervision in a child care setting? _____ Yes _____ No

Name of Legally Qualified Professional (Print): _____

Address: _____ Phone: _____

Signature of Legally Qualified Professional: _____ Date: _____

Type of License: _____ License or Credential Number: _____

Supervisor Approval: _____