

# YMCA Childcare Resource Service

Agency Representative: \_\_\_\_\_

Date: \_\_\_\_\_

## DOCUMENTATION OF CHILD'S SPECIAL NEEDS

To be completed by a physician licensed in California 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 Licensed Physician (Print): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Type of License: \_\_\_\_\_ License or Credential Number: \_\_\_\_\_