**A green sign with white text

AI-generated content may be incorrect.Annual Child/Youth Participant Information Form** (fill front and back)

TO BE UPDATED IN AUGUST FOR EVERY NEW SCHOOL YEAR

|  |  |  |  |
| --- | --- | --- | --- |
| **Child/Youth Name** |  |  |  |
| **Last** | **First** | **Middle** |

|  |  |  |
| --- | --- | --- |
| **Child/Youth Date of Birth** | **Child/Youth** **Gender** | **Child/Youth Race/Ethnicity** (please select only one) |
| **/ /** | Female  Male  Prefer not to answer | Biracial or Multiracial  Hispanic  Black non-Hispanic/African American  Haitian  White non-Hispanic  Other  Prefer not to answer |
| Month / Day / Year |

**Mark all languages your child/youth speaks**

English  Spanish  Haitian Creole  Other:

|  |  |
| --- | --- |
| **Child/Youth Current Grade Level** (for summer, select the last grade completed - please select only one) | **Miami-Dade County Public Schools ID#***(all students attending public or charter schools must have a school ID#)* |
| Child under 5/not in school Pre-K  Kindergarten  Grade 1-12 (specify)  Attending College   Not in school |  |
| No M-DCPS ID # |

|  |  |
| --- | --- |
| **Current School** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Home**  **Address** |  | | |  |  |
| **Street** | | | **City** | **ZIP Code** |
| **Caregiver Name** | |  |  | | |
| **Last** | **First** | | |

|  |  |
| --- | --- |
| **Caregiver Phone Number** | **Caregiver Email address** |
| **( )**  **-**  **Is this a cell/mobile phone?**  Yes  No |  |
|

**Caregiver preferred language for contact from The Children’s Trust** (please select only one)

English  Spanish  Haitian Creole

Please note that The Children’s Trust may contact you via postal mail, email and/or text to ask about your satisfaction with services, and to make you aware of other Trust-funded programs, initiatives and events that may interest you.

How did you hear about this program?

As part of my child’s voluntary participation in this program, I give my permission for the information collected through this program to be submitted to The Children's Trust for program evaluation and quality purposes. The Children’s Trust provides funding for the program to operate and follows strict data privacy protections for the information collected (for example, following the Family Educational Rights and Privacy Act/FERPA guidelines).

|  |  |
| --- | --- |
| **Parent/Guardian Signature** | **Date Signed** |
|  | **/ /** |
|  | Month / Day / Year |

We want to get to know your child better so that we can provide the best possible experience in our programs. The questions on the next page address your child's need for assistance, any conditions or challenges, their communication methods, and the support they receive. **This information is used to ensure that children and youth of all abilities are welcomed and supported in programs funded by The Children’s Trust.**

ORGANIZATION SITE

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**To support your child/youth’s successful participation in this program, in what areas might they need extra assistance?**

Academic and learning supports, such as reading or understanding basic instructions

Managing feelings and behavior, such as needing extra support or structure

Chronic health condition management, such as using an epi pen, inhaler, or other medications

Fine motor tasks, such as holding a crayon/pencil, writing, or using scissors

Gross motor tasks, such as sports or physical activities like running

Adapting activities to consider visual, speech, or hearing needs

Using assistive device(s) like a wheelchair, crutches, brace, or walker

Personal services, such as help with feeding, toileting, or changing clothes

Other

No specific help needed

**If you noted any areas of extra assistance needed, please be sure to speak individually with the program staff about your child’s needs and how the program can meet them.**

|  |  |
| --- | --- |
| **What conditions does your child/youth have that are expected to last for a year or more?** (mark all that apply) | |
| Developmental delay (only if under age 5)  Intellectual/developmental disability (over age 5)  Learning disability (over age 5)  Autism spectrum disorder  Deaf or hard of hearing  Medical condition or illness (like asthma, diabetes, epilepsy/seizures, severe allergies)  Physical disability or impairment | Managing aggression or temper  Managing attention and hyperactivity (ADHD)  Depression or anxiety  Speech or language condition  Blind or low vision  Other condition lasting one year or more (please specify)    No conditions lasting one year or more |
| Do any of the conditions noted make it harder for your child/youth to do things that others of the same age can do?  Yes, it is harder for them  No, it is not harder for them  N/A, no conditions noted | |

|  |  |
| --- | --- |
| **What are the main ways in which your child communicates?** (mark all that apply) | |
| Speaks and is easily understood  Speaks but is difficult to understand  Uses communication devices like pictures or a board  Uses sign language | Uses gestures or expressions like pointing, pulling, smiling, frowning, or blinking  Uses sounds that are not words like laughing, crying, or grunting |

|  |  |
| --- | --- |
| **What, if any, help does your child/youth receive at this time?** (mark all that apply) | |
| Behavioral therapy or services  Counseling for emotional concerns  Daily medication (not including vitamins)  Exceptional student education services in school through an IEP or 504 plan | Occupational therapy (OT)  Physical therapy (PT)  Speech/language therapy  None of the above are needed at this time  At least one of these services are needed but not received |

If you are interested in other community services or resources, you can call the **211 Miami Helpline, visit** [**211miami.org**](http://211miami.org), or learn more about **The Children’s Trust programs at** [**www.thechildrenstrust.org**](http://www.thechildrenstrust.org). For special needs resources for individuals with disabilities and their families, visit [**www.advocacynetwork.org/services/individual-family-support**](www.advocacynetwork.org/services/individual-family-support) **or** [**www.thechildrenstrust.org/cwd**](http://www.thechildrenstrust.org/cwd).