



Getting to Know Your Student

Please respond to the following so that we can make virtual school a fun and safe experience for your child. We look forward to having you join us!

Child's Name: _____ Nickname: _____

About Your Child:

Likes (hobbies/interests, school subjects, etc.): _____

Dislikes: _____

Please list anything that easily upsets your child (Ex. Sensitivity to loud noises, sensitivity to touch, etc.)

Please list any behavior interventions you use at home that would be effective during e-learning pod hours:

Food and Drink Accommodations (Please note, Balance 180 will NOT be providing snacks or lunch)

Does your child have any food allergies or require any special accommodation for eating and/or drinking?

- Yes** Allergy Type: _____ Reaction by: Ingestion Contact Inhalation
 Allergy Reaction: Severe Moderate Mild Has Epi-Pen Has Inhaler

Nut allergy: My child can have **non-nut** snacks that have been processed at a facility that contains nuts or may contain nuts Yes No

No allergies or special accommodations

Please list any allergies or special accommodations we should be aware of (Ex. Needs a straw for drinks):

Medication

Balance 180 **will not** be responsible for administering any medication with the exception of emergency supplies such as inhalers or epinephrine pens. If possible, please adjust your child's medication schedule accordingly. Only under unique circumstances with written permission will Balance 180 administer any type of medication.

Please list any special needs your child has regarding medication or skincare (allergies, special sunscreen/bug spray, etc.). _____

Please provide any other information that will help us build a relationship and work effectively with your child:

Please indicate what you would like us to focus on while your child is at our facility:
