



VARIETY CHILD DOCUMENTATION FORM
(Complete on every child in a Variety Partner Agency program)

Name of Agency: PTOEC – Parent Teacher Organization for Exceptional Children

Agency Address: 620 North Illinois Street City: Belleville State: IL Zip: 62220

Phone: 618-410-6122 Fax: 314-977-6874

Variety Child Information: Child's Name: _____

Birthdate: _____ Age of Child: _____ Zip Code of Residence: _____

County of Residence _____ Race/Ethnicity: _____

This data is collected for the sole purpose of reporting required data back to Variety of St Louis. This data is kept confidential and no personal information is disclosed. Information is needed for PTOEC to continue participation in the Variety Partner Agency Grant which partially funds the PTOEC Summer Camp program.

WHAT IS THE DISABILITY (PLEASE PLACE AN X IN EACH BOX THAT APPLIES)				
Physical Disability:	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Downs Syndrome	<input type="checkbox"/> Hearing Impaired
<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Spina Bifida	<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Other(specify)	
Intellectual Disability:	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Intellectual Delay	<input type="checkbox"/> Behavioral Disorder	
<input type="checkbox"/> Pervasive Developmental Disorder		<input type="checkbox"/> Other (specify)		
HOW WAS THE DISABILITY IDENTIFIED (PLEASE PLACE AN X IN EACH BOX THAT APPLIES)				
Identified by:	<input type="checkbox"/> Parent	<input type="checkbox"/> Teacher (Observation, Anecdotal Records, Parent/Teacher conferences)		
<input type="checkbox"/> Medical Physician	<input type="checkbox"/> First Steps Program	<input type="checkbox"/> Parent As Teacher Program		
<input type="checkbox"/> Specialist (Occupational Therapist, Physical Therapist, Speech/Language Therapist)				
Documented by:	<input type="checkbox"/> IEP (Individual Education Plan)	<input type="checkbox"/> Childs file with backup information	<input type="checkbox"/> Medical Records	

Name of Variety Funded Program: PTOEC Summer Camp

Program Category: Therapy ____ Education X Recreation ____ Equipment ____ Sunshine Coach Van

How can we measure success for this child? What behaviors or actions would demonstrate improved social development, greater independence or other successes during camp? (Use back if necessary):

Completed By: _____
(Please Print Name/Relationship)

Signature: _____ Date: _____