



### FAST FACTS

Name of Student \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Current Year \_\_\_\_\_ Teacher \_\_\_\_\_  
School \_\_\_\_\_ District \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Age when student started MOVE \_\_\_\_\_ Age disability occurred \_\_\_\_\_  
Parent(s)/Guardian: \_\_\_\_\_ Siblings: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Phone No

### Medical Facts:

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disabilities in addition to physical limitations:

Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Cognition \_\_\_\_\_ Language \_\_\_\_\_ Other( \_\_\_\_\_ )  
Shunt/Hydrocephaly? \_\_\_\_\_ Seizures? \_\_\_\_\_ What to look for: \_\_\_\_\_  
Gastro. tube? \_\_\_\_\_ For all intake? \_\_\_\_\_ or, for liquids only? \_\_\_\_\_ Brittle bones?

Description of basic muscle tone:

\_\_\_\_\_  
\_\_\_\_\_

Therapy History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Surgery History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Feeding & Eating Facts:**

Lefty \_\_\_\_\_ Righty \_\_\_\_\_

Food texture: \_\_\_\_\_

Likes & dislikes: \_\_\_\_\_

Prompting needed: \_\_\_\_\_

Type of seating used

Allergies: \_\_\_\_\_

Liquid intake: \_\_\_\_\_

**Equipment being used:**

Mobile Stander \_\_\_\_\_ Gait Trainer \_\_\_\_\_ Adv Chair \_\_\_\_\_ Other \_\_\_\_\_

Univ Chair Frame \_\_\_\_\_ Feeder Prompt \_\_\_\_\_ Toilet \_\_\_\_\_ Other \_\_\_\_\_

Orthopaedic appliances (AFO's, braces, etc.):

**Communication Facts:**

Method for saying "Yes": \_\_\_\_\_

Method for saying "No": \_\_\_\_\_

Augmentative equipment: \_\_\_\_\_

Interests: \_\_\_\_\_

Things to watch for (such as, "Bites the hand that feeds him")

**Services:**

P.T.: Home \_\_\_\_\_ School \_\_\_\_\_ , O.T. \_\_\_\_\_ , Speech \_\_\_\_\_ , Other \_\_\_\_\_

Comments: \_\_\_\_\_