



Special Needs Parent/Guardian Interview Form

This form should be used in conjunction with the Girl Health and Medical History Form.

Name of Girl Member _____ Birthday _____
Address _____ City _____ State _____ Zip _____
Telephone _____ E-mail _____
Names of Parents _____
Names of Siblings _____

Education

Specific diagnosis _____
Is girl in school? Y _____ N _____ Where? _____
Teacher * _____ Phone _____ E-mail _____
Therapist(s)* _____ Phone _____ E-mail _____
* If applicable.

Strengths

What are your daughter's strengths? _____

What types of activities does your daughter enjoy? _____

What type of encouragement/positive reinforcement does she respond best to? _____

Limitations

What should we know about your daughter's special need/disability? _____

What are your daughter's limitations? _____

Basic Needs

How does she communicate her basic needs? _____

Does she take care of her elimination needs? Y ____ N ____

Does she feed herself? Y ____ N ____

What special care needs should we be aware of? _____

Are there any behavioral issues we should be aware of? Y ____ N ____ If yes, please explain and tell us how to best handle these issues.

Assistive Devices

Does she use a hearing aid? Y ____ N ____ Cane? Y ____ N ____

Wheelchair? Y ____ N ____ Walker? Y ____ N ____ Artificial limbs? Y ____ N ____

Any other prosthetic device? Y ____ N ____ If yes, please explain _____

General

What do you hope your daughter gains through her time at AHG? _____

How can AHG help support what your daughter is learning at home or school? _____

What do you envision your role being during her time at AHG? _____

How would you like your daughter's special need communicated to other Troop leadership, girls and/or parents?

Are you willing to aid in this communication? Y ____ N ____

Additional Comments

Individuals Completing Form _____ Date Form Completed _____

Information on this form should be considered confidential and shared only with the consent of the parent or guardian. If the girl and her parents wish to pursue a modified Level Award, this form should accompany the Individualized Achievement Plan sent to the Program Department c/o the AHG, Inc. Office.



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