

**Child Placement Questionnaire**  
**Spangdahlem Child Development Center**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's D.O.B.: \_\_\_\_\_

1. Does your child have any of the following conditions? (Please mark all that apply)

\_\_\_ Visual Problems/ Blindness

\_\_\_ Asthma/ Respiratory Problems

\_\_\_ Hearing Problems

\_\_\_ Speech/ Language Delays

\_\_\_ Physical Disabilities

\_\_\_ Allergies (meds, food)

\_\_\_ Kidney Problems

\_\_\_ Behavior/ Conduct Concerns

\_\_\_ Epilepsy/ Seizures

\_\_\_ Diabetes

\_\_\_ Autism/ PDD

\_\_\_ Attention Deficit/  
Hyperactivity (ADHD/ADD)

\_\_\_ Heart Problems

\_\_\_ Other

\_\_\_ Hemophilia/ Sickle Cell

2. Please explain any condition marked above: \_\_\_\_\_  
\_\_\_\_\_

3. Is your child taking any medication for his/her condition? If so please specify. \_\_\_\_\_  
\_\_\_\_\_

4. Is your child receiving services from DODDs Developmental preschool, EDIS Early Intervention or Pediatric Behavioral Medicine? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

5. Is your child enrolled in an Exceptional Family Member Program (EFMP)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

6. Does your child have an IFSP or an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Sponsor/Guardian

\_\_\_\_\_  
Home/Duty Phone