

Tips for a Good Visit

Information about my child you will want to know

Child' Name: _____ Nickname: _____

My child is verbal yes no

My child likes it when you:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

My child doesn't like it when you:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Things that will help if my child doesn't want to do something:

1. _____
2. _____
3. _____
4. _____