Statement of Child’s Exceptional Needs

TO BE COMPLETED BY PARENT:

I hereby authorize information regarding my child’s exceptional need to be released to Children’s Council of San Francisco, for purposes of documenting my child’s eligibility to receive child care services.

Parent(s) Name: ____________________________Child(s) Name: ____________________________

Parent(s) Signature: ___________________________________________ Date: ______________

Family Service Specialist: ____________________________ Phone Number: ______________________

TO BE COMPLETED BY A LEGALLY QUALIFIED PROFESSIONAL TO RENDER AN OPINION OF CHILD’S EXCEPTIONAL NEED:

This form must be accompanied by the section of the child’s IEP that identifies that child as having a disability AND attests that the child requires services which cannot be provided with modification of the regular school program.

Nature of child’s exceptional need: __________________________________________________________

________________________________________________________________________________

Does the nature of the child’s exceptional need necessitate supervision and attention of adults in a child care setting for at least part of the day?  __Yes  __No

How much childcare is needed each day?  (Indicate number of hours per day)

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What date will the need for adult supervision end or be reevaluated? DATE: ___/___/___

Comments: ____________________________________________________________________________

___________________________________________________________________________________

Name: ____________________________________________ Title: ___________________________

Address: ____________________________________________ Phone No. _________________________

Signature: ____________________________ Date___________________

Type of license/credential: ____________________________ License/credential number: ____________