



PEP CHILD'S NAME: _____

PARENT(S) NAME: _____

Check all the topics that are of interest to you.

- _____ Understanding Special Education and Individualized Educational Plans (IEP's)
- _____ Temper tantrums
- _____ Non-compliance (not choosing to follow directions)
- _____ Aggressive behaviors (hitting, biting, hurting self or others)
- _____ Transitions (moving from one activity to another without problems)
- _____ Sibling rivalry
- _____ General child development
- _____ Toilet training
- _____ Sleep issues
- _____ Food or nutrition
- _____ Independence skills (eating, dressing, bathing)
- _____ Play skills/social skills
- _____ Preschool curriculum/concept development

- _____ Emergent literacy skills
- _____ Speech/language skills and alternative communication -(Picture Communication Symbols (PCS), voice output devices, sign language)
- _____ Fine and gross motor skills
- _____ Physical disabilities
- _____ Sensory integration
- _____ Attention span issues/high activity level
- _____ Community resources - Please check specific areas
 - _____ Child care
 - _____ Social Security Supplemental Income (SSI)/Medical Assistance
 - _____ Support/educational programs for parents

I would like further information on these topics:
