



YOGA MANILA

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SHARING YOGA FOR CHILDREN WITH SPECIAL NEEDS

QUESTIONNAIRE FOR PARENTS OF YOGA STUDENT

CHILD'S NAME _____

DATE OF BIRTH _____ CURRENT AGE _____

WEIGHT (AT BIRTH) _____ LENGTH _____

NAME OF PEDIATRICIAN _____ PHONE NO _____

COMMENTS ON LABOR AND DELIVERY _____

MOTHER'S NAME _____ FATHER'S NAME _____

BROTHERS' NAMES _____ SISTERS' NAMES _____

01. HAS ANY FAMILY MEMBER PRACTICED YOGA? IF SO, FOR HOW LONG?

02. WHAT WAS THE DIAGNOSIS OF THE CHILD AT BIRTH?

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03. WHAT WAS THE ORIGINAL PROGNOSIS OR FORECAST OF THE DOCTOR FOR YOUR CHILD?

04. WHAT IS THE DIAGNOSIS OF YOUR CHILD AT PRESENT?

05. WHAT ARE THE PHYSICAL SYMPTOMS OF YOUR CHILD'S DISABILITY?

06. DOES YOUR CHILD SUFFER FROM CONVULSIONS? (PLEASE DESCRIBE)

07. DOES YOUR CHILD HAVE A CARDIAC PROBLEM? (PLEASE DESCRIBE)

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08. DOES YOUR CHILD HAVE A PROBLEM WITH HIS/HER SPINAL COLUMN? IF SO, WHICH AREA?

09. HAS YOUR CHILD UNDERGONE SURGERY? (PLEASE DESCRIBE WITH DATES)

10. WHAT MEDICATION DOES YOUR CHILD RECEIVE?

11. CAN YOU THINK OF ANY OTHER REASON, SUCH AS A RECENT PHYSICAL ILLNESS OR CHRONIC CONDITION, THAT MIGHT CONTRAINDICATE THE PRACTICE OF CERTAIN POSES?

12. BRIEFLY DESCRIBE YOUR CHILD'S DIETARY REGIMEN?

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13. WHAT OTHER TREATMENTS OR THERAPIES HAS YOUR CHILD UNDERGONE?
(PLEASE SPECIFY WHEN AND FOR HOW LONG?)

14. IS YOUR CHILD'S MOTOR DEVELOPMENT DELAYED?

15. HOW WOULD YOU DESCRIBE YOUR CHILD'S ABILITY TO CONCENTRATE , ATTENTION SPAN AND
GENERAL AWARENESS?

16. WOULD YOU CHARACTERIZE YOUR CHILD AS HAPPY, AGGRESSIVE, EASYGOING, ENTHUSIASTIC, PASSIVE,
EXCITABLE, INTROVERTED OR EXTROVERTED?

17. HOW WOULD YOU DESCRIBE YOUR CHILD'S RELATIONSHIP
A> WITH YOU?

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B> WITH OTHER MEMBERS OF THE FAMILY (BE SPECIFIC)?

C> WITH FRIENDS?

18. PLEASE DESCRIBE THE ATTITUDE OF OTHER FAMILY MEMBERS TOWARD YOUR CHILD (I.E. ARE THEY ACCEPTING, SUPPORTIVE, ETC)

19. DO YOU HAVE ANY EVALUATIONS BY TEACHERS, DOCTORS, OR THERAPISTS, INCLUDING LETTERS AND REPORTS? (PLEASE ATTACH A COPY)

20. HOW DID YOU HEAR ABOUT THE YOGA THERAPY, AND WHAT GOALS DO YOU HOPE YOUR CHILD WILL ACHIEVE BY PARTICIPATING IN THIS PROGRAM?

If you would like to share more information, please attach another sheet to this form. Please rest assured that the information provided will be kept in the strictest confidentiality.

Thank you.
Yoga Manila