

**Polk County School
Local Assistive/Augmentative Team (LAT)
Parent Checklist**

This questionnaire is intended to help the teachers and staff learn about your child's preferences and activities at home.

Please return this form to: _____
by: _____

Student Name: _____

Name of person completing form: _____

Please list your child's current medications:

Please list any current after school activities or therapies:

Topic 1 People

List the name of the key people in your child's life:

[illegible]