



Yoga for the Special Child™

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Return to : 52 Raven Drive, Colonia, NJ 07067-1125

Special Needs Yoga Questionnaire for Parents

Date: _____

1. Child's Name _____

2. Home Address _____

3. Telephone _____

4. Date of Birth _____ Current Age _____

5. Mother's Name _____ Cell _____

6. Father's Name _____ Cell _____

7. Brother(s)' names and ages _____

8. Sister(s)' names and ages _____

9. Name of child's pediatrician _____ Telephone _____

10. Weight at birth _____ Length _____

11. Comments on labor and delivery _____

12. What is the diagnosis of your child at present? _____

13. What was the doctor's original prognosis for your child?

14. What are the physical symptoms of the disability?

15. Does your child have convulsions?

Yes No

16. What medications does your child receive?

17. Does your child have a problem with his/her spinal column?

Yes No

18. If yes, in what area?

19. Has your child undergone surgery? (If yes, please describe, with dates)

20. Does your child have a cardiac problem?

Yes No

21. What other treatments/therapies has your child undergone? (Please specify dates and length of time).

22. Is your child's motor development delayed?

Yes No

(Please describe)

23. How would you describe your child's concentration, attention span, and general awareness?

24. Would you characterize your child as:

- happy passive introverted aggressive excitable extroverted
 easygoing depressed enthusiastic sensitive to touch sensitive to sound

25. How would you describe your child's relationship:
with other family members? (Be specific)

with friends/peers? (Be specific)

26. Please describe the attitude of each family member toward your special child.

27. Do you have any evaluations by teachers, doctors or therapists, including letters and reports which might assist me in helping your child? Yes No

(Please describe)

28. Name of your child's current school.

29. Have any family members practiced yoga? Yes No

30. How did you hear about yoga therapy?

31. What goals do you hope your child will achieve by participating in this program?
