



Services Summary

Child's Name: _____ Diagnosis: _____

Have you been in contact with Compass WI? Yes No What is this?

If yes, please list services you have been connected with and/or waiting lists you are on:

Is your child enrolled or have they been enrolled in Birth to 3? Yes No What is this?

Has your child been to the Waisman Center? Yes No Appt. Scheduled What is this?

If you have any questions, thoughts or concerns about the above mentioned services, please list them here:

What kinds of additional supports are you interested in receiving more information about?

- | | |
|---|--|
| <input type="checkbox"/> Other Respite or Personal Care Services | <input type="checkbox"/> Equipment/Home Modifications |
| <input type="checkbox"/> PT, OT, SLP | <input type="checkbox"/> Peer/Parent Support Groups |
| <input type="checkbox"/> Grants, Funding, Etc. | <input type="checkbox"/> Intensive Services for Autism Spectrum Disorder |
| <input type="checkbox"/> Other Mental Health Services | Other: _____ |
| <input type="checkbox"/> Recreation Programs (art, rec, music, camps, sports, afterschool programs, etc.) | |

Please Specify: _____

Please describe some of your greatest areas of concern regarding your child's needs and development:

FOR STAFF PURPOSES ONLY

Additional Information: _____

