



EXCEPTIONAL NEEDS STATEMENT
(Child)

I, _____, authorize the release of the following information to PACEAPP.

Signature of Parent or Caretaker

In order for the child(ren) to receive child care services as a result of a special need, this form must be completed by a legally qualified professional. (i.e. Social Worker, Therapist, Doctor)

Instructions

- Every question on this form must be completed for this document to be valid.
- This form must be completed at least once annually and shall be updated as needed.
- Please return this completed form to the address below within 5 business days.

To be completed by legally qualified professional as per California Department of Education (CDE), Title V Regulations, Section 18089:

1) Please state the nature of the child's exceptional needs and the special services required to meet the child's exceptional needs (Please attach a separate sheet if necessary.):

2) Does the child require the special attention of adults in a childcare setting?

Yes No

By signing this form, I understand that a PACEAPP agency representative could contact me to verify the information I have provided in this form. Legally Qualified Professional's Information:

Print Name

Signature

Professional Title & License Number

Phone

Address, City, State, Zip

Date

