



5534 Gulf Drive, Suite 3

New Port Richey, FL 34652

Phone 727-842-4408

brightbeginningsvisit.com

Child Information & Comfort Needs Form

Child and Case Information

Child Name

Nickname / Preferred Name

Age

Date of Birth

Parent / Guardian Completing Form

Case Number

Communication & Developmental Needs

Primary communication method(s)

☐ Speaking

☐ Sign Language

☐ Communication Device

☐ Other

Developmental, sensory, behavioral, or communication needs staff should know about

Interests & Preferred Activities

☐ Drawing / Crafts

☐ Books

☐ Music

☐ Games

☐ Outdoor Activities

Other favorite activities, toys, characters, hobbies, or interests

Comfort, Routine & Food Needs

Favorite comfort item(s) / soothing strategies

Favorite foods / snacks

Foods to avoid / dietary restrictions

Typical meal / snack schedule or routine relevant to visits

Emotional Needs & Important Information

Comforts, known triggers, fears, transitions, or other information that may support a successful visit