

Alaska Child Care Resource and Referral Network-Alaska IN!

SPECIAL NEEDS DOCUMENTATION

This form or other forms including an IEP, IFSP, medical diagnosis or mental health evaluation completed and signed by a health care professional may be used to document a special need. Information must be current within the past twelve (12) months.

Name of Health Care Professional: _____

Professional Title: _____
(Doctor, Nurse Practitioner, Public Health Nurse, Licensed Clinical Social Worker, Licensed Psychological Associate, Infant Learning Program Specialist)

Address: _____

Phone: _____



Name of Child: _____ Date of Birth: _____

Name of Parent/Legal Guardian: _____

1. Diagnosis:

2. Recommendations for care of child while he/she is in a child care environment:

Signature: _____ Date: _____
Health Care Professional



South Central
Child Care Connection, Inc.
P.O. Box 141689 Anchorage AK 99514-1689
Tel 907.563.1966 Fax 907.563.1959
Toll Free 1.800.278.3723 Toll Free Fax 1.877.563.1959
www.childcareconnection.org

Southeast
AEYC-SEA
P.O. Box 22870 Juneau, AK 99802
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Toll Free 1.888.785.1235
www.aeyc-sea.org

Northern/Interior
C.A.R.E.S. Resource and Referral
1908 Old Pioneer Way Fairbanks, AK 99709
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