

**Georgia Academy for the Blind
Residential Living Student Profile**

Child's Name _____ DOB: _____

Parents/ Guardians: _____

Address: _____

Any special family instructions: _____

1. Special health/ medical needs:

2. What is the level of independence for your child regarding daily living skills?

3. What are the eating habits of your child – likes, dislikes, independence – at mealtime?

4. Does your child have any special sleeping habits?

5. List your child's favorite social and recreational activities:

6. Does your child like to do things in a group or prefer to play alone?

7. Other helpful information: