

FOR CHILDREN WHO NEED EXTRA KOKUA

- Please describe your child's previous dental experiences:

- Any positive, enjoyable aspects to previous dental experiences?

- How does your child communicate, e.g. verbal, non-verbal, augmentative device?

- Any definite dislikes or difficulties, e.g. white coats, feel of latex gloves, strong aversion to smells. _____

- Any difficulty keeping still? _____

- Does your child need to bring familiar items with him/her? _____

- What strategies have been used for behavioral modification, e.g. Applied Behavioral Analysis.

- What have you found to be the most effective motivational strategy?

- Which TV show/ channel does your child enjoy? _____
