



Special Needs Intake Form

Thank you for filling out this form. We respect your family's privacy and will only use this information for ministry purposes. Please answer the questions below that apply to your child in order that we may best minister to your family.

Child's Name: _____ Date: _____

Parent/Guardian Name: _____

DOB: _____ Age: _____ Grade: _____

School child attends: _____

Diagnosis/Medical Condition/Disability/Learning Disability:

Behavior Tendencies (Shy, Tantrums, Stimming, Biting, Other):

How do you handle behaviors (calming strategies):

Communication skills: ___ verbal ___ non-verbal ___ communicative device
Other: _____

Care Information: Please check all that apply. List specifics on back.

- | | | |
|---|---|--|
| <input type="checkbox"/> special diet | <input type="checkbox"/> drinks with assistance | <input type="checkbox"/> needs special cup |
| <input type="checkbox"/> allergies | <input type="checkbox"/> needs help in restroom | <input type="checkbox"/> must use straw |
| <input type="checkbox"/> assistance with eating | <input type="checkbox"/> wears diapers | <input type="checkbox"/> will hit |
| <input type="checkbox"/> Gtube | <input type="checkbox"/> has meltdowns | <input type="checkbox"/> will bite |
| <input type="checkbox"/> will choke | <input type="checkbox"/> will run | <input type="checkbox"/> can be aggressive |
| <input type="checkbox"/> sensory issues | <input type="checkbox"/> anxiety | <input type="checkbox"/> no loud noises |

Specific Info on back

Things/Activities my child **LIKES**: _____

Things/Activities my child **DISLIKES**: _____

Things my child can do independently:

Things my child can **NOT** do independently:

Does your child require a mobility device? (cane, crutches, wheel chair, etc.)

**I understand that at times my child may have the opportunity to be in other areas of the church. It would be a blessing for them to have:
___ trained Buddy ___ structure
___ opportunities for inclusion ___ self-contained classroom for structure/safety
___ mentoring ___ other: _____

Please provide any other information that you think would be helpful for us to better assist your child and his/her needs.

Parent/Guardian Signature: _____
Cell Phone: _____ Email: _____

We have been praying for your family to join us and are looking forward to meeting you. If you have specific questions, please contact Amy Andrews at 337-526-9238 or andrewsfab5@gmail.com