

Disability Ministry
Respite Intake Form

Child's Name (nickname, if applicable)	
Child's Date of Birth	
Child's Primary Diagnosis	
Other Relevant Diagnoses	
Any Suspected Diagnoses (if relevant)	
Relationship to Child	
Your Name	
Cell Phone Number	
Email Address	

Medical Information

Seizures	Child is prone to seizures: (circle one) Yes No If yes, list any known triggers: List any specific instructions in the event the child has a seizure during church programming:
List ANY and ALL allergies (May list food aversions as well)	Allergies can be life-threatening: (circle one) Yes No Require use of Epi-Pen: Yes No

Physical Needs

Vision (check all that apply)	☐	Typical
	☐	Impaired
	☐	Blind
	☐	Other:

Hearing (check all that apply)	☐	Typical
	☐	Impaired
	☐	Deaf
	☐	Hearing Aids
	☐	Other:

Mobility Skills (check all that apply)	☐	Walks
	☐	Uses a Walker
	☐	Uses Crutches
	☐	Uses Braces
	☐	Uses Wheelchair
	☐	Other:

Communication (check all that apply)	☐	Verbal (Words, Phrases, etc...)
	☐	Verbal, but not always with words or phrases (sounds, etc...)
	☐	Sign Language
	☐	Uses Device for Communication
	☐	Non-Verbal
	☐	Other:

Toileting Information

Toileting Status (check all that apply)	☐	Toilets Independently
	☐	Potty Trained, but may need assistance
	☐	Potty Trained, but wears pull-ups
	☐	Frequent Accidents
	☐	Wears a Diaper
	☐	Other: (If different please be specific)

Specific Toileting Instructions: (if applicable)	
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Getting to Know the Child

What are your child's special interests? What is their favorite thing to talk about? (if communicative)

What are signs of enjoyment (vocalizations or other actions)?

What are signs of frustration or unhappiness (vocalizations, specific phrases, rocking, hand flapping, or other physical movements)?

[Please also list any specific triggers that are helpful to note]

What calms or comforts the child?

Are there any behaviors that communicate a specific need?

(ex. signing the letter "T" when child needs to use the toilet) If so, please describe.

Anything else you would like to add or that you believe is relevant for us to know:
