Heights Baptist Church Special Needs Intake Form

Child's Name (and nickname if applicable)	
Child's Date of Birth	
Child's Primary Diagnosis	
Other Relevant Diagnoses/Suspected Diagnoses	
Relationship to Child	
Your Name and Cell Phone Number	

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 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 needed)	

List ANY and ALL allergies (May list food aversions)	

Getting to Know Your Child

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

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 your child?

Are there any behaviors that communicate a specific need? (ex. Signing the letter "T" when child needs to go to the toilet) If so, please describe.

What are classroom behaviors you would like to be notified of?

What is the best quality of your child?

Anything else you'd like to add: