ALLIANCE FRIENDS CHURCH

SPECIAL NEEDS INTAKE FORM

Alliance Friends Church cares for each participant in our Sunday School ministry. The questions on this form are asked to benefit your child so we can provide the best care and safety for everyone that participates in the ministry. Our ministry workers respect you and your child's rights and information will only be shared with those who will be providing the direct care of your child. Please answer the questions as detailed as possible that apply to your child.

CHILD'S
NAME_____

PARENTS/GUARDIANS
NAME_____

PHONE
NUMBER_____

EMAIL
ADDRESS_____

PREFERRED METHOD OF
COMMUNICATION_____

CHILD'S
BIRTHDATE_____

CHILD'S
SCHOOL_____

GRADE_____

DOES YOUR CHILD HAVE AN IEP?

_____

DOES YOUR CHILD HAVE A BEHAVIOR PLAN?

_____

WHAT ARE YOUR CHILD'S SPECIAL NEEDS/DIAGNOSIS/MEDICAL CONDITION OR LEARNING DIFFERENCES?

_____

_____

_____

DOES YOUR CHILD HAVE ANY MEDICAL NEEDS/CONDITIONS THAT COULD POSSIBLY BE URGENT OR LIFE THREATENING? (ALLERGIES, ASTHMA, SEIZURES)

_____

_____

_____

_____

ARE THERE ANY SIGNS OR BEHAVIORS THAT MAY INDICATE A MEDICAL PROBLEM REQUIRING IMMEDIATE ATTENTION?

_____

_____

_____

_____

HOW DOES YOUR CHILD COMMUNICATE? (VERBALLY, SIGN LANGUAGE, IPAD)

_____

_____

_____

DOES YOUR CHILD REQUIRE PHYSICAL ASSISTANCE? (STANDING, WALKING, SITTING)

_____

_____

_____

DOES YOUR CHILD HAVE ANY EATING RESTRICTIONS/ALLERGIES/CONCERNS?

_____

_____

WOULD YOUR CHILD NEED ASSISTANCE USING THE RESTROOM?

HOW DOES YOUR CHILD TRANSITION WHEN ENTERING A NEW ENVIRONMENT?

ARE THERE ANY TRIGGERS THAT MAY UPSET OR FRUSTRATE YOUR CHILD?

_____

WOULD YOUR CHILD TRY TO RUN OUT OF THE ROOM? WHAT MAY BE THE REASON(S) FOR THIS TO OCCUR?

_____

_____

_____

WOULD YOUR CHILD TRY TO PHYSICALLY HARM HIM OR HERSELF OR ANYONE ELSE? IF YES, DO YOU KNOW WHAT MAY TRIGGER THE BEHAVIOR?

_____

_____

_____

WHAT ARE SOME BEHAVIORAL METHODS THAT WORK BEST FOR YOUR CHILD AT SCHOOL AND AT HOME? WHAT HELPS CALM THEM IF THEY BECOME UPSET, FRUSTRATED, OR SAD?

_____

_____

_____

WHAT TYPE OF SETTING IS YOUR CHILD MOST RELAXED?

_____

_____

WHAT ACTIVITIES AND INTERESTS DOES YOUR CHILD ENJOY?

_____

_____

_____

DOES YOUR CHILD HAVE ANY SIBLINGS THAT ATTEND SUNDAY SCHOOL? IF YES, PLEASE LIST THEIR NAME AND AGES

_____

_

_____

_____

ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE ABOUT YOUR CHILD.

_____

_____

_____

_____