**Parent Questionnaire for Children with Special Considerations:**

*Our church cares for each participant in children’s ministry programming.  These questions are asked for the benefit of your child so that we may provide the best experience and safest environment for everyone involved.  Our church and our children’s ministry workers respect your family’s right to privacy. Any information shared from this form is communicated directly with those caring for your child and only on a “need to know” basis.   Please answer the below questions that apply to your child and that may help our church best minister to your child.*

Child's Name :

Child's Date of Birth :

Child's Grade :

Mother's Name:

Father's Name:

Guardian's Name (if applicable):

Approved For Pick-Up (circle all that apply) :

Mother

Father

Guardian

Other (please specify)

Family Contact Information:

Street Address :

City :

State :

Zip :

Cell Phone :

Email:

My child has the following diagnosis, medical condition or learning difference:

Does your child have any allergies to specific materials, foods, or any other relevant medical history?

My child’s allergies can be life threatening (**circle**) Yes/No and require the use of an EpiPen Yes/No

My child is prone to seizures (**circle one**) Yes/No

\*If yes, tell what prompts the seizure and how we can prevent/respond:

My child’s behavior may indicate a medical problem requiring immediate attention when:

My child has an Individualized Education Plan Yes/No

My child currently receives therapies and special instruction in:

My child can do these things independently:

My child needs assistance with:

My child may be trying to communicate their need for (describe) \_\_\_\_\_\_ when he/she exhibits the following behavior:

If my child needs the restroom, he/she will communicate by:

Does your child have any behavioral or emotional challenges?

Does your child have any specific sensory sensitivities?

My child is uncomfortable with or has an aversion to:

A trigger-point for a potential meltdown is when:

When/if my child experiences a melt-down he/she calms when we:

My child is really picky about:

When my child gets angry he/she will:

How does your child show that they are feeling frustrated, upset, anxious, or overwhelmed? What are the signs or behaviors?

What have you found to be most effective to help your child manage those situations in which they become frustrated, upset, anxious, hyperactive, or overwhelmed?

My child (**circle one**) does/does not enjoy music

My child seems most relaxed in settings (**circle one**) alone, with a few children, among many children

My child (**circle one**) would/would not enjoy a large group worship experience

Does your child prefer to participate and be with other children, to be more of an observer, or to engage in more solitary activities?

Please describe your child’s strengths:

My child has the following area(s) of interest:

How can we partner with you and your family as you work together?

Other Information:

List any additional information here:

I have read this intake form and verify that the information is true.

Parent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_               \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_