

Parent Questionnaire for Children with Special Considerations

Our church cares deeply for each participant in children's ministry programming. These questions are asked for the benefit of your child and 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 questions below that apply to your child so that our church can best minister to your child.

Today's Date: _____

Child's Name: _____

Name of parent/guardian: _____

Preferred method of contact (phone or email): _____

Child's date of birth: _____

Current grade level: _____

I give permission for my child's name to be marked with an * on the church database so that anyone who is responsible to care for my child will know to look for this information. (signature) _____

Introduce Us To Your Child!

- I'd love for you to know this about my child: _____

- My child is really good at: _____

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

- Any background history that would be helpful for us to know? _____

- Anything else you'd like us to know? _____

- My child has special considerations in the following areas (circle all that apply):

Medical Communication Developmental Behavioral
Sensory Physical Custody

Medical Overview

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

- My child has the following allergies and/or food sensitivities: _____

- My child's allergies can be life threatening (circle) **Yes/No** and require the use of an EpiPen **Yes/No**
- My child has a special diet and should avoid: _____

- My child is prone to seizures (circle one) **Yes/No**
If yes, how does the seizure present? _____

If yes, tell what prompts the seizure (if known) and how we can prevent/
respond: _____

- My child's behavior may indicate a medical problem requiring immediate attention when: _____

Physical

- My child can do these things independently: _____

- My child needs assistance with: _____

- If assistance is needed, how can we best assist? _____

- My child has assistive devices for: _____

Communication

- My child's main mode of functional communication is: _____

- My child processes instruction or information best when: (e.g. visual, auditory, experiential, drama). _____

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

Developmental

- My child currently receives therapies and special instruction in:

- My child has an 504/Individualized Education Plan **Yes/No**
- If yes, are there aspects of your child's 504/IEP that could be beneficial for the church environment: _____

- The goals I have for my child's development this coming year include (behavioral, social, academic, etc): _____
- My child can do these things independently: _____

- My child needs assistance with: _____

Behavioral

- A trigger-point for a potential meltdown is when: _____

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

- Doing/seeing/experiencing this one thing is an important part of my child's routine: _____

Sensory

- 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
- My child is really picky about: _____

- My child is uncomfortable with or has an aversion to: _____

Custody

- My child is not allowed to have interaction with: _____

- My child should not go home with: _____

- Is there anything else we should know to provide the safest environment for your child? _____
