



TRINITY
baptist church

Kaleidoscope

Children's Special Needs Ministry Questionnaire

Date

___/___/___

I. PLEASE HELP US BETTER UNDERSTAND YOUR CHILD.

Child's name _____ Grade _____ Age _____ M F

Child lives with: ___both parents ___mother ___father guardian

Father's/Guardian's name _____ Cell Phone _____

Mother's/Guardian's name _____ Cell Phone _____

Address Where Child Resides _____

Siblings Names & Ages _____

Home Phone _____ Email Address _____

Child's primary health concerns we should be aware of: _____

II. CARE NEEDS

VISION: ___Typical ___Impaired ___Blind

HEARING: ___Typical ___Impaired ___Deaf ___Hearing Aid

MOTOR: ___Head control ___Rolls over ___Sits ___Crawls ___Walks

USES: ___Walker ___Crutches ___Braces ___Wheelchair

Please describe any special positioning needs your child may have: _____

Does your child receive special education or exceptional student services at school?

___Yes ___No

If "yes" which type of classroom does your child participate in?

___General education classroom ___Resource/Separate classroom ___Both

How does your child communicate with others?

Speech: Words Phrases Sentences Babbles Gestures Sign Language

Other (describe): _____

Language spoken at home: _____

Can understand what others say: ___All the time ___Most of the time ___Some of the time

___Recognizes voices of family members.

ALLERGIES: (Drugs, Food, Other) _____

EATING HABITS: Feeds self by using: ___spoon ___fork ___hands ___Requires feeding ___Bottle fed

Drinks from cup: ___with assistance ___by self

Eating Schedule: _____

Special Diet: _____

Please describe any special assistance or adaptive utensils required for eating: _____

TOILETING SKILLS:

___Toilets independently ___Diapers: ___Cloth ___Disposable

___Currently being potty trained ___Potty trained, needs assistance

___Requires catheterization Frequency/Schedule: _____

How does your child indicate a need to use the toilet? _____

Indicate special toileting needs/schedule: _____

BEHAVIOR: (check all that apply)

- Shy Outgoing
- Plays alone Plays in groups
- Adapts to new situations well
- Adapts to new situations with difficulty
- Responds to correction well
- Responds to correction with difficulty
- Is sometimes destructive
- Sometimes threatens others
- Sometimes hits, bites, or hurts self/others
- Sometimes attempts to run away
- Hyperactive and/or ADD

My child responds to separation from his/her parents by: _____

My child is best comforted by: _____

My child lets someone know what he/she wants or needs by: _____

What type of play activities does your child enjoy and/or participate in? _____

My child becomes upset when/or does not enjoy: _____

III. EMERGENCY CONTACTS (other than doctor)

IN CASE OF AN EMERGENCY, THE FOLLOWING PERSONS MAY BE CALLED AND ARE AUTHORIZED TO PICK UP MY CHILD: (At least one contact must be provided. Positive identification must be provided before your child will be released.)

Name _____ Cell phone _____

Home Phone: _____ Address: _____

Relationship: _____

IV. PERMISSION / AUTHORIZATION AGREEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INITIAL IN THE DESIGNATED SPACE INDICATING THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE PROVISIONS.

_____ I have fully disclosed to Trinity Baptist Church all pertinent facts about my child's special needs and accept full responsibility for missing information.

_____ I will remain on the Trinity Baptist Church campus during the time my child is participating in the special needs ministry program.

_____ I authorize Trinity Baptist Church to publish photos of my child (without his/her name) on our website and brochures for promotional purposes only.

I have read and initialed the above permission/authorization statements and agree to the terms designated in each:

SIGNED: _____ **DATE:** _____

Parent or Guardian

Please use the extra space provided for any additional information that would be helpful to us as we minister to your child.
