



# CENTRAL SPECIAL NEEDS

## **BASIC INFORMATION** – Special Needs Ministry, Child

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Emergency Contact Name- \_\_\_\_\_

Number: \_\_\_\_\_

To help us better understand the unique abilities and needs of your child, please explain the nature of your child's disability:

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What special equipment does your child use, if any? (include: hearing aids, wheelchair, stander, etc.)

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## **COMMUNICATION SKILLS**

What are the primary ways that your child communicates with others? Check all that apply:

Predominantly verbal       Predominately non-verbal       Predominately uses ASL

Requires prompts/cues to initiate       Expresses needs/wants by using eye gaze/contact

Gestures, give example(s): \_\_\_\_\_

Uses own signs, give example(s): \_\_\_\_\_

Assistive technology (PECS, iPad Apps, Big Mac, etc.), please describe: \_\_\_\_\_

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Other behaviors to communicate a want or need (touch, grab, run, jump, drop, etc.), please

describe: \_\_\_\_\_

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## **ALLERGIES**

Does your child have any allergies? Check all that apply:

Food       Environmental       Medication

List each allergen here: \_\_\_\_\_

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Please explain the severity and steps to be taken if your child should come in contact with any of the above allergens: \_\_\_\_\_

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**DIETARY AND FEEDING SKILLS**

Please do NOT feed my child anything other than something he or she has brought from home.

List diet restrictions: \_\_\_\_\_

Snacks my child enjoys: \_\_\_\_\_

What method of eating does your child use? Check all that apply:

Independent       Independent with set-up, explain: \_\_\_\_\_

Eats by G-tube       Uses fingers       Uses spoon       Uses fork

Uses special utensils/cup       Requires supervision while eating, explain: \_\_\_\_\_

List any special equipment or positioning for feeding: \_\_\_\_\_

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Please share any special oral motor issues that we should know about, including gagging: \_\_\_\_\_

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**TOILETING/HYGIENE SKILLS**

Please check all that apply:

Uses toilet independently       Needs assistance, please describe: \_\_\_\_\_

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Wears diapers/pull-ups, please give any special instructions: \_\_\_\_\_

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Please share any signs or gestures that your child may give to indicate his or her need to be changed or go to the restroom: \_\_\_\_\_

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**BEHAVIOR SKILLS**

What makes your child comfortable? \_\_\_\_\_

What makes your child uncomfortable? \_\_\_\_\_

What activities/interests give your child a sense of excitement and joy? \_\_\_\_\_

What are some areas your child is working on independence? \_\_\_\_\_

Behavior Concerns - Please share about any behaviors of which we should be aware. Specify what the behavior looks like: \_\_\_\_\_

When do these behaviors typically occur? \_\_\_\_\_

Are they more likely to occur with a specific gender?  Y  N , which gender?  M  F

Check all that apply:

- Elopement
- Difficulty with transitions
- Refusal/Non-compliance
- Sensory sensitivity, describe: \_\_\_\_\_
- Self-injurious, please describe: \_\_\_\_\_
- Aggression, what form does this take? (hitting, biting, slapping, pulling hair, etc.) \_\_\_\_\_

Behavior Modification Plan: Please explain the behavior management plan that is being used at home and/or in school to assist your child with behavioral concerns. Our goal is to maintain consistency as best we are able in order to best assist you and your child. \_\_\_\_\_

If your child is in school and has an IEP, you are welcome to attach a copy.

Please feel free to add in additional information that would be helpful for Special Needs Ministry staff, leaders, and volunteers:

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In order to best serve this child's unique needs, please know that this information will be shared with those working with your child, which may include: Special Needs Ministry Director, Special Needs Ministry Intern(s), Special Needs Ministry Volunteers, and other pertinent staff, as necessary to ensure a safe and successful time in our various ministry settings.

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