



CENTRAL SPECIAL NEEDS



BASIC INFORMATION – Special Needs Ministry, Adult

Today's Date: _____

Name: _____

Age: _____

Date of Birth: _____

Emergency Contact Name: _____

Number: _____

Emergency Contact Email: _____

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

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

COMMUNICATION SKILLS

What are the primary ways that this adult 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: _____

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

describe: _____

ALLERGIES

Does this adult have any allergies? Check all that apply:

- Food Environmental Medication

List each allergen here: _____

Please explain the severity and steps to be taken if this adult should come in contact with any of the above allergens: _____

DIETARY AND FEEDING SKILLS

- Please do NOT feed this adult anything other than something he or she has brought from home.

List diet restrictions: _____

Snacks my child enjoys: _____

What method of eating does this adult 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: _____

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

TOILETING/HYGIENE SKILLS

Please check all that apply:

- Uses toilet independently Needs assistance, please describe: _____

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

Please share any signs or gestures that this adult may give to indicate his or her need to be changed or go to the restroom: _____

BEHAVIOR SKILLS

What makes this adult comfortable? _____

What makes this adult uncomfortable? _____

What activities/interests give this adult a sense of excitement and joy? _____

What are some areas this adult 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 this adult with behavioral concerns. Our goal is to maintain consistency as best we are able in order to best assist you and this adult. _____

If this adult 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:

In order to best serve this adult's unique needs, please know that this information will be shared with those working with your adult, 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.
