



CENTRAL SPECIAL NEEDS

BASIC INFORMATION – Special Needs Ministry, Youth

Today's Date: _____

Name: _____

Age: _____

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

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

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: _____

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

describe: _____

ALLERGIES

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

Food Environmental Medication

List each allergen here: _____

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

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: _____

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 your child may give to indicate his or her need to be changed or go to the restroom: _____

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:

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.
