



SPECIAL NEEDS CARE

Today's date: ____/____/____

Child's full name: _____ Date of Birth: ____/____/____ Age: ____

Siblings' names & ages: _____

CHILD INFORMATION

School: _____ Grade: _____ Adjusted Grade: _____

School Address: _____ City/State/Zip: _____

Diagnosis: _____

Special Concerns: _____

Medications: _____

Allergies: _____

MOTHER: Name: _____ Marital status: _____

Email address: _____ Preferred phone: (____) _____

Home Address: _____ City/State/Zip: _____

FATHER: Name: _____ Marital status: _____

Email address: _____ Preferred phone: (____) _____

Home Address: _____ City/State/Zip: _____

EMERGENCY CONTACT INFORMATION

CONTACT 1: Name: _____ Relationship to child: _____
Email address: _____ Preferred phone: (____) _____

CONTACT 2: Name: _____ Relationship to child: _____
Email address: _____ Preferred phone: (____) _____

Preferred Emergency Contact Directions:

SPECIAL NEEDS INFORMATION

PHYSICAL/MENTAL considerations (examples: wheelchair, seizures)

TOILETING: Toilets independently? Yes No
Wears diaper or pull-up? Yes No Communicates need to toilet? Yes No
Follows toileting schedule? Yes No If yes, describe: _____
Additional comments on toileting: _____

EATING: Eats by mouth independently? Yes No Eats with assistance/prompting? Yes No
Communicates need to eat? Yes No
CANNOT eat the following foods: _____

Additional comments on diet and feeding: _____

COMMUNICATION: Verbal Non-verbal

Communicates needs and wants by _____

Additional comments on communication: _____

BEHAVIOR: Behavior concerns (examples: elopement, hitting, mouthing): _____

How is behavior usually handled at home/school? _____

What specific triggers cause negative behavioral reaction? _____

What is the best way to comfort when your child is upset? _____

PREFERENCES: My child's favorite indoor activities are _____

My child enjoys these special interests and items: _____

To help you connect with my child, you need to know: _____

My child is most relaxed when _____

My child is uncomfortable with/has an aversion to _____

My child is picky about _____

My child enjoys these games, crafts, and music: _____

OTHER: What other information do you want us to know about your child and family?

Special Buddies are offered during all worship services, during Sunday School, and during Wednesday Advantage, but in order to help us ensure there is a buddy available for your child, please indicate the time(s) you most regularly attend.

- Sunday
- 8:30am Traditional worship
 - 9:30am Sunday School
 - 6:15pm Wednesday Advantage
 - 10:45am Ignite worship
 - 11:00am Traditional worship