St. Luke's United Methodist Church GOD-O-SEA Special Needs Sunday Programming

CHILD'S PERSONAL INFORMATION

Child's First Name: _____ Last Name: _____

Child's Date of Birth: _____ Child's Ethnicity: _____

Male___ Female____ Chronological Age_____ Developmental Age_____

Child's Primary Physician: _____ Phone: _____

Please list any medications that are taken on a regular basis:

	Medication	When Taken	How is it administered?
1			
2			
3			
4			
5			

Please explain any other special care instructions required for your child during Sunday Programming:

_____

_____

_____

PARENTAL INFORAMTION

Parent Information: _____ Parent Information: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail Address: _____ Email Address: _____

Who else is authorized to pick up your child from Sunday Programming:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

How did you hear about the Special Needs class? _____

GETTING TO KNOW YOUR CHILD

To help us understand the uniqueness of your child, please explain the nature of your child's disability (include the name of the syndrome, if known):

_____

_____

_____

_____

Degree of severity of the disability: ☐ Mild ☐ Moderate ☐ Profound

What special equipment does your child use, if any? (Include hearing aids, glasses, wheelchairs, etc.)

_____

_____

MOTOR SKILLS

Child's fine motor skill level: (i.e. handling small items) ☐ Mild ☐ Moderate ☐ Profound

Child's gross motor skill level: (i.e. handling small items) ☐ Mild ☐ Moderate ☐ Profound

COMMUNICATION SKILLS

What are the primary ways that your child communicates with others?

☐ Predominately Verbal ☐ Predominantly non-verbal ☐ Predominately uses ASL

Check all that apply:

☐ Speaks Clearly ☐ Follows spoken requests ☐ Vocalizations not always understood

☐ Requires prompts/clues to interact ☐ Requires prompts/clues to initiate

☐ Responds to signed or gestural requests or instructions

☐ Can express basic needs and wants by using:

- ☐ Eye gaze/contact
- ☐ Gestures, give example: _____
- ☐ Signs, give example: _____
- ☐ Assistive technology (picture boards, books, talkers), Please describe: _____

_____

How does your child indicate "yes" or "no" when asked if he/she wants something, wants to go somewhere, or wants a person?_____

_____

Will your child use other behavior(s) to communicate a want/need (cry, hit, run away)? ☐ No ☐ Yes,

Please explain:_____

_____

_____

_____

BEHAVIORAL SKILLS

Behavior Concerns: Please share about any behaviors of which we should be aware. Specify what the behavior looks like (screaming, biting, scratching, etc.) rather than giving general descriptions (angry, upset).

_____

_____

_____

When do these behaviors typically occur? _____

_____

Are the more likely to occur with a specific gender? ☐No ☐ Yes, which gender? ☐ Male ☐ Female

Check all that apply:
- ☐ Non-Compliance
- ☐ Running Away
- ☐ Difficulty with transitions
- ☐ Unusual interest in sight, feel, sound, or smell things
- ☐ Self-injurious/Self-Aggressive, please explain:_____
  _____
- ☐ Tantrum, what behaviors does this include?_____
- ☐ Aggression, what form does this take (hitting, biting etc.)?_____
- ☐ Property destruction (throws, breaks, slams objects):_____
  _____

Behavior Modification Plan: Please explain, in detail, the behavior management plan that is being used at home plan and to work with you in this process._____

_____

_____

_____

_____

_____

_____

What is your child' response to separation? _____

_____

What is your child's response to playing with other kids? _____

_____

What activities, games, or toys does your child enjoy? _____

_____

What are some positive activities, games, statements, or actions that are helpful to reinforce good behavior in your child? _____

_____

_____

_____

_____

_____

DIETARY AND FEEDING SKILLS

☐ Please do NOT feed my child during Sunday Programming

List diet restrictions: _____

_____

Food to avoid/allergies: _____

_____

Snack foods child enjoys: _____

_____

TOILET/HYGIENE SKILLS

Please check all that apply:

☐ Uses toilet independently ☐ Uses toilet with supervision

☐ Needs assistance, please describe: _____

_____

Thank you for helping us get to know your child. We look forward to our time together!