



Inclusive Children's Ministry Special Needs Form

This form is designed for parents of children with allergies or special needs to provide essential information. It aims to ensure that we have adequate teacher-to-student ratios in place to offer the necessary support for each child's unique requirements. Your cooperation in filling out this form will help us create a safe and nurturing environment for all students.

Please give your contact information so we know who to connect with.
This will be your information first as the parent/guardian.

Parent(s)/Guardian(s) First/Last Name: _____

Email: _____

Address: _____

Phone: _____ Cell or Home

Mobil Carrier (ex: Verizon, T-Mobile) _____

Child's Information:

Child's FIRST and LAST name: _____

Child's Date of Birth: _____

MEDIAL CONCERNS

1. Does your child have a specific disability/diagnosis?

No Yes-Please describe in lay terms: _____

2. Is your child taking a medication with possible side effects we should be aware of?

No Yes-Name of medication and possible side effects:

3. Does your child experience seizures?

No Yes-Controlled Yes-Uncontrolled

If yes, please describe the seizures and their frequency: _____



4. Does your child experience respiratory problems?

No Yes

If yes, please describe: _____

5. Does your child have any allergies that we should be aware of?

No Yes-Please list: _____

6. Please list any food/drinks we should NOT give your child: _____

7. Does your child need **assistance** when eating/drinking?

No Yes-Please describe: _____

8. Toileting: Independence Wears diaper/pull-up Requires assistance-

Please describe: _____

9. Please describe any other essential care instructions: _____

Speech & Cognition

10. How does your child communicate?

Non-verbal, but vocalizes

Says words

Talks in sentences, but may be hard to understand

Talks near or at a typical level for age

Other: _____

11. Does your child have hearing problems?

No Yes-uses hearing aids Yes-uses sign language

12. Does your child have vision problems?

No Yes-Please describe: _____

Social & Behavioral

Childes School: _____ Grade: _____ Age: _____



13. Does your child receive special education in school? No Yes Included in
typical classroom Some inclusion No inclusion

14. What assistance does your child receive at school? _____

15. Does your child exhibit any of these behavioral tendencies?

Temper tantrums	Yelling	Running away
Biting	Refusal to follow directions	Hitting
Aversion to touch	Pushing	Withdrawal

Other: _____

How do you handle this/these behavior(s)? _____

17. Are there any particular sensitivities (light, sound, smells, etc.) your child has that we should know about? _____

18. What are your child's **favorite things** about church? _____

19. Does your child ask questions or talk about God at home? _____

20. What works well for your child regarding children's ministry? _____

21. What is incredibly challenging for your child regarding children's ministry?

22. List any hobbies, talents, or special interests: _____
