

Special Needs Ministry Intake Form - Sample

Toolbox II: Working with Students with Special Needs – Part II

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Email Address: _____

Child's Name: _____

Child's Birthdate: ___/___/___

Child's Current Age: _____

Child's Developmental Age: _____

Child's Gender: _____

What is your child's diagnosed disability? _____

Does your child display any of the following?

- Hearing loss
- Vision loss
- Other physical disabilities
- Cognitive/intellectual disabilities
- Global developmental delays
- Autism (please provide more detail below)
- ADHD (please provide more detail below)
- Aggressive meltdowns (hitting, biting, kicking, etc.)
- Non-aggressive meltdowns (crying, falling to floor, hiding, etc.)
- Escaping (running away)
- Emotional outbursts
- Sensory Processing Disorder (please provide more detail below)
- Other: _____

- Does your child have a history of seizures or epilepsy? Y / N
- Can your child safely go up and down steps without assistance? Y / N
- If your child has a physical limitation, do they require special equipment such as a wheelchair or walker? Y / N
 - If yes, please explain: _____
- Does your child struggle with multiple transitions and/or change? Y / N

What are the primary ways your child communicates?

- Clear verbal communication that is easily understood
- Requires prompts to initiate communication

- Vocalizations not always understood
- Requires prompts/cues to interact
- Requires prompts/cues to carry on a conversation
- Predominately non-verbal (uses a device, pictures, etc.)
- Other: _____

- If your child experiences meltdowns, what usually causes them?

- What is the best way to calm your child during a meltdown?

- Does your child have any medical concerns or diagnoses not mentioned above that we should be aware of? Y / N

- If yes, please explain: _____

- Does your child use the bathroom without assistance? Y / N

(Note: Parents are responsible for any and all assistance using the bathroom and will be contacted when needed.)

- Does your child have any allergies? Y / N

- If yes, please explain: _____

- What tools or strategies do you use at home to help your child?

- If your child attends school, what does support look like while the child is at school?

- What kind of support would be helpful for your child when they are participating at church?
