

# 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?

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

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- 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?

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

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

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