



Heartland Worship Center,
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(270)534-1400 www.heartlandworship.com

Questionnaire for families of individuals with special needs

Date _____

I. Please help us better understand your family member with special needs

Family member's name _____ Grade _____ Age _____ M F

Family member lives with: ___both parents ___mother ___father

Guardian / Caregiver (if other than parent) _____

Father's/Guardian's name _____ Cell # _____

Mother's/Guardian's name _____ Cell # _____

Family member's **primary health/ behavioral/ emotional concerns** we should be aware of: _____

Please list siblings of family member who will also be attending:

1. _____ Age _____ 2. _____ Age _____

3. _____ Age _____ 4. _____ Age _____

II. EMERGENCY CONTACTS (other than doctor)

IN CASE OF AN EMERGENCY, THE FOLLOWING PERSONS MAY BE CALLED AND ARE AUTHORIZED TO PICK UP MY FAMILY MEMBER: (At least one contact must be provided. Positive identification must be provided before your family member will be released.)

1. Name _____ Cell phone: _____

Home Phone: _____ Relationship: _____

III. CARE NEEDS

VISION: ___Typical ___Impaired ___Blind

HEARING: ___Typical ___Impaired ___Deaf ___Hearing Aid

MOTOR: ___Head control ___Rolls over ___Sits ___Crawls ___Walks

USES: ___Walker ___Crutches ___Braces ___Wheelchair

Please describe any special positioning needs your family member may have: _____

CAN COMMUNICATE WITH OTHERS USING:

Speech: ___Words ___Phrases ___Sentences ___Babbles ___Gestures ___Sign Language

___Other (describe): _____

Language spoken at home: _____

CAN UNDERSTAND WHAT OTHERS SAY: ___All the time ___Most of the time ___Some of the time

___Recognizes voices of family members.

ALLERGIES: (Drugs, Food, Other) _____

EATING HABITS: Feeds self by using: ___spoon ___fork ___hands ___Requires feeding

___Bottle fed Drinks from cup: ___with assistance ___by self

Eating Schedule: _____

Special Diet: _____

If your family member is difficult to feed, please describe any special assistance or adaptive utensils required for eating: _____

TOILETING SKILLS:

- Toilets independently
- Diapers: Cloth Disposable
- Currently being potty trained
- Potty trained, needs assistance
- Requires catheterization
- Frequency/Schedule: _____

How does your family member indicate a need to use the toilet? _____

Indicate special toileting needs/schedule: _____

Please note: Care givers will be contacted to help with special toileting needs.

BEHAVIOR: (check all that apply)

- Shy Outgoing
- Is sometimes destructive
- Plays alone Plays in groups
- Sometimes threatens others
- Adapts to new situations well
- Sometimes hits, bites, or hurts self/others
- Adapts to new situations with difficulty
- Sometimes attempts to run away
- Responds to correction well
- Hyperactive and/or ADD
- Responds to correction with difficulty

My family member responds to separation from his/her parents by: _____

My family member is best comforted by: _____

My family member lets someone know what he/she wants or needs by: _____

What type of play activities does your family member enjoy and/or participate in? _____

My family member becomes upset when/or does not enjoy: _____

Are there any additional concerns not already addressed: _____

IV. PARTICIPATION REQUEST

_____ I want my family member to participate in the Buddy Program. Participants will have a set group of buddies that will aid them in their age appropriate classes. The level of assistance needed will be determined by the family and church staff.

_____ I want my family to participate in the special needs class for Children _____ Youth/Adults _____

V. PERMISSION/AUTHORIZATION AGREEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INITIAL IN THE DESIGNATED SPACE INDICATING THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE PROVISIONS.

_____ *I have fully disclosed to Heartland Worship Center (HWC) all pertinent facts about my family member's special needs and accept full responsibility for missing information.*

_____ *I will supply special food, drinks, snacks, and diapers/wipes for my family member as necessary.*

_____ *I will remain on HWC campus during the time my family member is participating in any ministry event/program.*

_____ *I understand the nature of the program and do hereby release HWC and its representatives from any liability due to accident or injury incurred by my family member.*

_____ *I authorize HWC to publish photos of my family member (without his/her name) on our HWC website and brochures for promotional purposes only.*

I have read and initialed the above permission/authorization statements and agree to the terms designated in each:

SIGNED: _____ DATE: _____

Parent or Guardian