



Buddy Profile

When complete, you may hand in this form at the Kids Ministry Welcome Desk, or email to Michelle Bennett at handsandfeetministry@lefc.net.

Family Information

Child's Name: _____ Age: _____

Grade: _____

Parent's Name: _____

Cell Phone Number: _____

Tell us about your child:

Diagnosis: _____ IEP: _____

What type of setting is your child in at school? (Please circle)

Learning Support

Autistic Support

Mainstream

Other: _____

Do you have: Family based / Wrap around services? Please explain: _____

Strengths/Likes: _____

Does your child have a special pet, friend, movie, or TV show?

Does your child have seizures? How often do they occur? Do we need anything special when they occur? What are signs that one is about to happen?

Allergies: _____

Medications: _____

Side Effects: _____

Triggers: _____

Sensory tools/Diet used: _____

What would help us understand your child's needs? How do they communicate their needs? _____

Why do you desire a buddy for your child? _____
